

Part III (OPTIONAL – to be completed when appropriate by a licensed Registered Dietitian (RD), Nurse (RN) or other health care team member)

INSTRUCTIONS GIVEN PARENTS REGARDING CHILD'S NUTRITIONAL NEEDS:

LIST THE NUTRITION MATERIALS GIVEN PARENTS FOR SCHOOL USE: _____

DESCRIBE THE SPECIAL FEEDING DEVICE(S) NEEDED: _____

DESCRIBE THE FEEDING ASSISTANCE NEEDED: _____

SPECIFY SPECIAL DINING AREA REQUIREMENTS: _____

SPECIFY ANY SPECIAL FOOD PREPARATION AND STORAGE NEEDS:
(i.e., tube feeding blended in an approved food preparation area with attention paid to maintaining the product below 45 and above 140 degrees.)

Signature of RD, RN, and/or
Health Care Team Member

Facility of Agency

Phone number

Date

Mailing Address
