



Spokane County Head Start /ECEAP/EHS NUTRITION DIET REQUEST: MENU ADAPTATIONS

Site/room _____ FSC _____ Primary teacher _____
 Child's name _____ Date of birth (mm/dd/yyyy) _____
 Parent/guardian _____ Phone _____ Cell/work _____
 Health Care Provider _____ Phone _____

Cultural/Religious/Vegetarian Request – Check the foods that you do not want your child offered:

- Beef Eggs Fish Pork Poultry
 Gelatin made from animal products Milk and all products made with milk Other: _____

Texture Modification/Chewing or Swallowing Concerns (May require a signed statement from medical provider including the medical or dietary need, foods to be omitted and foods to substitute) Check the diet your child needs:

- Pureed** such as foods ready to swallow without additional chewing
 Mechanical Soft such as moist tender or ground meats, yogurt without seeds, most soft breads and cooked grains, canned, soft cooked vegetables without skins, canned fruit, banana, melons and fruit without skins, membranes or seeds.
 Soft such as moist, tender meat, fish or poultry, yogurt without seeds, most soft breads and cooked grains, cold cereal softened in milk, crackers as tolerated, soft cooked vegetables with skins, strongly flavored (broccoli) and lettuce only as tolerated, canned fruit, banana, melons and fruit without skins, membranes or seeds.
 Temporary texture modification; please list reason and foods to avoid:

Other: _____

Thickened liquids: _____

Nothing by mouth: _____

List any special eating utensils or equipment required: _____

Special feeding techniques or help needed from an adult: _____

Other: _____

Medically Prescribed Diets (Requires signed statement from medical provider including the medical or dietary need and the diet prescribed) Please write in specifics on line.

Diabetic meal plan: _____

Calorie and/or fat restriction: _____

High calorie for weight gain: _____

Food/beverages to be given outside normal meal times: _____

Other: _____

Parent/guardian signature _____ Date _____

Original in child's file

Copy to Nutrition Specialist

Copy to parent

FOR STAFF USE ONLY	<input type="checkbox"/> Health Specialist notified	<input type="checkbox"/> IHP in place	<input type="checkbox"/> IHP needed
	<input type="checkbox"/> Disability Specialist notified	<input type="checkbox"/> IFSP/IEP in place	<input type="checkbox"/> IFSP/IEP needed