



200 East Wood Street · Youngstown, Ohio 44503

Office of Nutrition Services

Phone: (330) 744-6921 – Fax: (330) 744-8776

**EATING AND FEEDING EVALUATION:
CHILDREN WITH A FOOD ALLERGY DISABILITY**

PART A		
Student's Name	Grade Level	Birth Date
Name of School	Classroom	
Does the child have a disability? If Yes, describe the major life activities affected by the disability.	YES	NO
Does the child have special nutritional or feeding needs? If yes, complete PART B of this form and have it signed by a recognized medical authority.	YES	NO
If the child is not disabled, does the child have special nutritional or feeding needs? If yes, complete PART B of this form and have it signed by a recognized medical authority.	YES	NO
PART B		
List any dietary restrictions for special diet.		
List any allergies to avoid.		
List foods to be substituted. (Acceptable alternatives, must be completed)		
Parent's Signature	Phone	Date
Physician or Medical Authority's Signature		Date
Phone		