**Special Dietary Needs Tracking Form**

This form may to be utilized by Foodservice Administrators as a guide to review foods that will require modification. Keep this document on file and review with cafeteria managers and cooks as needed to ensure safe meal modifications are made to meet individual student needs.

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| **Student Information** |

Name, Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Crediting Meals** | |
| Disability  Accommodations should be made based on the recommendations of the State Licensed Medical Professional as outlined in the Special Dietary Needs Information Form. In a disability situation, meal modifications outside the meal pattern are reimbursable, provided the request is supported by a medical statement signed by the State Licensed Medical Professional.  If the child’s IEP or 504 Plan includes the same information required in the medical statement or if the required information is obtained by the school during the development or review of the IEP or 504 Plan, it is not necessary for the SFA to obtain a separate medical statement.  <https://fns-prod.azureedge.us/sites/default/files/cn/SP26-2017os.pdf> | Non-disability  Accommodation requests should be considered based on the information provided in the Special Dietary Needs Information Form. All modifications should comply with meal pattern to be claimed for reimbursement. |

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| **Menu Analysis** |

Review the planned menu to identify menu items that will require modifications. Fill out the chart on the following page with the identified menu item and the planned substitution/modification. In some cases, you may be able to accommodate a menu item through offering multiple menu choices instead of providing an entirely different food. Please remember, a SFA may not use OVS to eliminate a specific food component for a child with a disability. If accommodations can be made through menu choices, you may list the item name and check the menu choices box instead of providing a substitution/modification plan.

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| Menu Item Requiring Modification | Planned Substitution/Modification | Menu Choices |
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| **Purchasing** |

List any equipment needs pertaining to meal modifications. Example: Blenders, food processors, etc.

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List any specific food-related purchases that need to be made to accommodate modifications. Example: Specific name brands, nutritive formulas, etc.

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| **Food Preparation** |

Does this modification require specific storage, preparation, or cleaning techniques to prevent cross contamination? If so, list the specific food item and technique needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Signatures** |

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**Signature of Foodservice Director Date**

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**Signature of Cafeteria Manager Date**