SY 2025-2026 Nutrition Order

Student's Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

Please answer ALL 6 of the following questions and sign at the bottom.

**Additional forms are required and noted for some students – please follow instructions noted for each "yes" or "no" response.**

# Does your child have any of the following nutritional/diet concerns?

1. Food Allergy – specific foods to avoid

No – Fill out Form A. Check No Known Allergies box in top section

Yes – Fill out Form A. Physician Signature Required

1. Special Diet Need – does your student require modification to the school menu?

No – No additional forms

Yes – Fill out Form A. Physician Signature May Be Required

1. Food Texture Modification (IDDSI) – if level has changed, SLP/Physician documentation may be necessary

NPO – Nothing by mouth. Fill out Form E

No – Fill out Form B

Yes – Fill out Form B. Physician Signature Required

1. Liquid Thickness Modification – if level has changed, SLP/Physician documentation may be necessary

NPO – Nothing by mouth. Fill out Form E

No – Fill out Form C

Yes – Fill out Form C. Physician Signature Required

1. Supervision/Safety Modifications for Mealtime (e.g., meal prep to cut food, monitor risk of intake, etc.)

No – No additional forms

Yes – Fill out Form D

1. Gastrostomy Tube (G-tube) Feeding Order

No – No additional forms

Yes – Fill out Form E. Physician Signature Required

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Parent/Guardian Print Name: Click or tap here to enter text.

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Form A

Student's Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

# Special Diet Information

MSB's Student Wellness Policy honors reasonable requests in the following categories. Please indicate the requirements of your student's special diet. (Some requests may require you to send desired items to school with your child on a regular basis).

Religious/Cultural

* Requirement: Click or tap here to enter text.

Lifestyle

* Requirement: Click or tap here to enter text.

NO KNOWN FOOD ALLERGIES

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Parent/Guardian Print Name: Click or tap here to enter text.

Nutrition/Medical

* Please detail specific requirements (use Form E for g-tube): Click or tap here to enter text.

Dairy Free

Lactose Free – any exceptions? (i.e. certain cheeses): Click or tap here to enter text.

Food Allergy

* Food: Click or tap here to enter text.
* Reaction: Click or tap here to enter text.
* Severity – Anaphylaxis?  YES  NO

Selective Eater

* Explain: Click or tap here to enter text.

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Physician Print Name: Click or tap here to enter text.

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Form B

Student's Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

# Food Texture Modification

# Physician Signature Required

Please identify the following information to help us prepare your student's food. If you have questions about which level your child's diet fits into, please contact Sara Feazell, Supervisor of Speech and Language Services ([saraf@mdschblind.org](mailto:saraf@mdschblind.org); 410-444-5000 x1337).

## Food Texture – IDDSI Levels:

**Level 7: Regular**: Normal, everyday foods of various textures that are developmentally and age appropriate; ability to bite and chew without tiring for all foods required. No physician signature required for this level

**Level 7a: Easy to Chew**: Soft, tender texture of various foods; DO NOT use foods that are hard, tough, chewy, fibrous, have stringy textures, pips/seeds, bones or gristle; may include mixed thin/thick textures, must be able to bite and chew until safe to swallow without tiring. No physician signature required for this level

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Parent/Guardian Print Name: Click or tap here to enter text.

**Level 6: Soft and Bite-Sized**: Pieces no bigger than 1.5cm x 1.5cm (adult) or 8mm x 8mm (pediatric); biting not required; chewing of bite-sized pieces for safe swallow required; mashable with tongue or light pressure from fork.

**Level 5: Minced and Moist**: No liquid dripping from food; biting not required; minimal chewing required; mashable with tongue or light pressure from fork; lumps 4mm size.

**Level 4: Extremely Thick/Pureed**: Usually eaten with a spoon; does not require chewing; smooth, not sticky; cannot be drunk from a cup or sucked through straw.

If you checked Level 4, 5, or 6, you **must complete Form D** for Supervision and Safety Modifications for Mealtime

If level has changed since last year, documentation may be necessary – please email [saraf@mdschblind.org](mailto:saraf@mdschblind.org) before turning in your packet

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Physician Print Name: Click or tap here to enter text.

Physician signature required for all levels except 7 and 7a

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SY 2025-2026 Nutrition Order

Form C

Student's Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

# Liquid Thickness Modification

# Physician Signature Required

# (i.e., liquid intake, liquid thickness)

## Liquid Thickness IDDSI Levels (check one):

**Level 0: Thin**: Liquids flow like water. No physician signature required for this level ONLY

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Parent/Guardian Print Name: Click or tap here to enter text.

**Level 1: Slightly Thick**: Liquids are thicker than water; can flow through a straw.

**Level 2: Mildly Thick**: Liquids are sippable but require effort to flow through standard straw.

**Level 3: Moderately Thick/Liquidised**: Can be eaten from spoon or drunk from cup; requires wide straw.

If you checked Level 1, 2, or 3, you **must complete Form D** for Supervision and Safety Modifications for Mealtime

If level has changed since last year, documentation may be necessary – please email [saraf@mdschblind.org](mailto:saraf@mdschblind.org) before turning in your packet

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Physician Print Name: Click or tap here to enter text.

Physician signature required for all levels except 0

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SY 2025-2026 Nutrition Order

Form D

Student's Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

# Safety Modifications/Considerations for Mealtimes

## Restrictions or Special Instructions/Considerations:

Do you do anything special to set your student up for success or safety at mealtime? (i.e. portioning/rationing throughout the meal, cutting food into smaller bites/sizes, giving one sip at a time, etc.) Please explain.

Food Textures/Portion/Modification: Click or tap here to enter text.

Liquid Textures/Portion/Modification: Click or tap here to enter text.

## Supervision Considerations:

Does your student require special attention during mealtimes for safety? This could include things like support for self-feeding, stuffing mouth, eating too fast/slow, etc. Please explain.

Click or tap here to enter text.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Parent/Guardian Print Name: Click or tap here to enter text.

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SY 2024-2025 Nutrition Order

Form E

# Gastrostomy Tube Feeding Order Form for School Feedings

Student's Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

Date this form is being completed: Click or tap to enter a date.

Gastrostomy Tube Size:

* FR: Click or tap here to enter text.
* cm: Click or tap here to enter text.

If GJ Tube is present, please check here:

* Size: Click or tap here to enter text.
* Check one:  Button  Long

Formula Name: Click or tap here to enter text.

Blenderized (prepared at home):  YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| **Times** | **Formula Amount** | **Water Amount** | **Rate** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Nothing By Mouth (NPO):  YES  NO (If no, please fill out Forms B, C, and D as needed)

Feeding Method:

* Bolus
* Gravity Drip/Feeding Bag
* Feeding Pump (Type of pump: Click or tap here to enter text.)
* Bolus-push feeding

Feeding Position:

* Sitting
* Supine with head elevated
* Side-lying on the **right** with head elevated
* Side-lying on the **left** with head elevated
* Prone on wedge with head elevated and to one side
* In a prone stander

Water Flush Method:

* Bolus
* Feeding Pump
* Push
* Mix with Formula

Physician PRINTED First and Last Name: Click or tap here to enter text.

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Address: Click or tap here to enter text.

Date: Click or tap to enter a date.

Physician Phone Number: Click or tap here to enter text.

Physician Fax Number: Click or tap here to enter text.

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