



SY 2026-2027 Nutrition Order

Form B Student's Name: _____ **DOB:** _____

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 Fezell, Supervisor of Speech & Language Services (saraf@mdschblind.org; 410-444-5000 x1337).

- Level 6: Soft & 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 & 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, please complete the below information for Supervision and Safety Modifications for Mealtime**
- *****If level has changed since last year, documentation may be necessary- please email saraf@mdschblind.org before turning in your packet**

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 -

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.

Physician Signature: _____ **Date:** _____

Physician Print Name: _____

* Physician signature required for all levels except 7 & 7a