



**SY 2026-2027 Nutrition Order**

**Form C** Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Liquid Thickness Modification**  
**\*Physician Signature Required\***  
(i.e., liquid intake, liquid thickness)

- Level 1: Slightly Thick:** liquids are thicker than water; can flow through a standard straw.
- Level 2: Mildly Thick:** liquids are sippable but require effort to flow through a 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, 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](mailto: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.

**Liquid 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 0