



**SY 2026-2027 Nutrition Order**

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

**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 -** \_\_\_\_\_

\_\_\_\_\_

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Print Name:** \_\_\_\_\_