

## ❖ Accommodating Special Dietary Needs: Summary

Schools participating in the United States Department of Agriculture (USDA) school nutrition programs are required to provide special diet modifications to students whose disability restricts their diet, and may choose to provide this service for other students with special diet modifications who are not considered to have disabilities under the law.\* This requirement is based on Section 504 of the Rehabilitation Act of 1973, USDA Food and Nutrition Service (FNS) implementing instructions and 7 CFR Part 15b.3.

Optimum handling of special diet modifications of school meals requires communication between school food service managers, parents, students and medical authorities. Frequently nurses, teachers, and administrators are involved as well. The school food service manager and her/his supervisor need to work together to understand the following instructions and to develop policies and procedures for their school. School food service managers are not normally trained in special diet modifications. The food service department's responsibility ends with providing the appropriate foods. Schools are not required to prepare separate meals for every student with a special diet modification. The school can provide reasonable options for parents and students depending upon the special dietary need. Food service staff are not required to and do not generally assist with or supervise the eating of the food. They are not to force students to eat.

The school food service should not modify any student's meal without clear, written documentation received from a recognized medical authority. Parent's notes or telephone calls are not adequate documentation of the need for a special diet. Schools are not required to make food substitutions based on family or child food preferences. Food service staff should not revise, change or interpret a diet order.

A suggested medical statement containing all required information is on the following page. Only licensed physicians may sign the medical statement for students with disabilities. It, or similar documentation must be kept on file for all students with disabilities receiving any special diet modifications. In most cases a short note from a physician on a prescription pad does not contain the required information. Required information includes:

- the child's disability
- an explanation of why the disability restricts the child's diet
- the major life activity affected by the disability\* and
- the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Special diet modifications include the following:

- a student's diet requires changing the portion size of any menu item
- food components required by the meal planning option used in the school must be omitted from the student's diet
- substitution of any food(s) is required
- substitution of any food is requested, and will be offered by the school.

In Nebraska, the medical statement for a student without disabilities may be signed by the following "recognized medical authorities": licensed physician, physician's assistant, nurse practitioner, registered dietitian, and doctor of osteopathy. If special diet modifications are part of an Individualized Education Program, the school is required to comply with those modifications. Schools may not add any extra charge to the families. The medical statement allows the student's meal to be claimed for reimbursement even when it does not meet program requirements.

\*see definitions on the back of the attached Medical Statement

### Important Points

1. Schools are required to meet the needs of students with disabilities. It is optional for students without disabilities.
2. Students with disabilities who need special diet modifications/substitutions must have written documentation from a **licensed physician** on file. A **recognized medical authority** as defined above may sign the written documentation for students without disabilities if schools choose to modify meals for the student without disabilities.
3. Schools are advised to have **written** policies for handling requests for special diets, substitutions, etc. so all students are treated equally.

Students with special diet modifications should be allowed the maximum freedom possible within the constraints of their diet to choose from foods available. Most students do not want to be singled out for special meals that make them “different” from the other students. Managing special diets is easier in those schools that offer choices of entrees and fruit/vegetables to all students and/or use the Offer versus Serve option. Providing parents with an advance copy of the menu and some information about what is in menu items may help them assist their student to select his/her own meals. The suggested medical statement lists those options to define the responsibility of the food service.

It is recommended that schools develop written policies on handling requests for special diet modifications for both students with and without disabilities. School nurses and other staff should be consulted and all staff should be made aware of such policies. These policies should ensure that all student’s are treated the same. The policies should also be made available to all parents/guardians as needed and could contain the school’s medical statement form.

In Nebraska, modifications are frequently made to school meals for students with diabetes. Diabetes qualifies as a disability. Older students who have had diabetes for some time can usually select meals from food provided, and parents may not choose to submit a request for diet modification. Younger or newly diagnosed students may need more carefully controlled diets. Snacks may be requested. Snacks are generally provided by the parent and eaten under the supervision of a nurse/ teacher. A “Diabetes Information Packet” is available from NDE to assist school food service managers in talking with parents and providing appropriate meals.

Milk intolerance is a frequently reported condition. It does **not** qualify as a disability in most cases. If the Offer versus Serve option is in place, these students can select a reimbursable meal. A medical statement must be on file if the school is **required to or chooses to** regularly substitute another beverage. If there is no medical statement on file that requires substitution of juice, offering juice or another beverage for these students is the school’s choice. Water can be available for all students.

Most food allergies are not disabilities. They can be handled easily if the Offer Versus Serve option is in place. If it is not, a food may have to be substituted so the meal is reimbursable. Occasionally a student has a life-threatening allergy (e.g. peanuts). A medical statement is needed to verify the extent of the allergy. If life-threatening, it would be considered a disability. Schools must make every effort to assure that the food provided to these students does not contain any products containing the food causing the allergy (e.g. peanuts) or any product derived from it (e.g. peanut oil)

Schools are encouraged to contact the Nebraska Department of Education, Nutrition Services at any time for assistance (800-731-2233 or 402-471-2488.)

#### References:

Accommodating Children with Special Dietary Needs in the School Nutrition Programs, Guidance for School Food Service Staff, USDA Fall 2001.  
USDA Food and Nutrition Service Instruction 783-2 Revision 2 10/94.



**Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act of 1990***

“Disabled person” means any person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.