

CHILDREN WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS
Wisconsin Department of Public Instruction
PI-6314 (New 06-22)

A. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, "a person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please refer to these Acts for more information at <https://www.eeoc.gov/statutes/rehabilitation-act-1973> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>, respectively.

B. Individuals with Disabilities Education Act

A child with a "disability" under Part B of the Individuals with Disabilities Education Act (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The IDEA can be found in its entirety at <https://sites.ed.gov/idea/statuteregulations>.

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to make sure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan contain the same information that is required on a medical statement, then it is not necessary to get a separate medical statement from a state authorized medical authority.

C. State Authorized Medical Authority's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities must provide modifications for children with disabilities on a case-by-case basis when requests are supported by a written statement from a state authorized medical authority.

The state authorized medical authority's statement must identify:

- an explanation of how the child's physical or mental impairment restricts the child's diet
- the food(s) to be avoided
- the food(s) that must be substituted

The second page of this document ("Medical Statement for Special Dietary Needs") may be used to obtain the required information from the state authorized medical authority.

Per USDA memo SP 32-2015, a state recognized medical authority is a state licensed health care professional who is authorized to write medical prescriptions under state law. This could include a physician, dentist, optometrist, podiatrist, physician assistant, or nurse practitioner. If the documentation to support a dietary accommodation has not been signed by one of these practitioners, the school is not required to accommodate the request (unless information about the dietary accommodation is included within the IEP or 504 plan, as mentioned above in Section B.)

D. Substitutions Within the Meal Pattern

It is strongly recommended, though not required, that schools have documentation on file from any medical authority for students with dietary needs for whom they are making menu modifications within the meal pattern. Such determinations are only made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements.



I. GENERAL INFORMATION

Student's Name	Age	Name of School	Student's PIN / ID Number	Grade
----------------	-----	----------------	---------------------------	-------

II. ACCOMODATIONS

1. How does the child's physical or mental impairment restrict his or her diet?

2. What food(s)/type(s) of food should be omitted? Please be specific.

3. List foods to be substituted. (Avoid specific brand names, if possible.)

4. Additional comments:

III. SIGNATURES

Parent or Legal Guardian's Name	Relationship	Phone Number
Signature of Parent or Legal Guardian >		Date Signed
Authorized Medical Authority's Name	Title <input type="checkbox"/> Dentist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Optometrist <input type="checkbox"/> Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Physician Assistant	Phone Number
Signature of Authorized Medical Authority >		Date Signed