



CHILD DEVELOPMENT CENTER

PO Box 1117 1602 W. Ferguson Rd

Mt. Pleasant TX 75455

(903)575-2092 fax (903)575-2077

Year: _____



Eating and Feeding Evaluation/Evaluación del alimentar y comer

Child's name/Nombre del Niño

Birthday/Fecha de Nacimiento

Room/# de Salón

Select One / Seleccione Uno: Early Head Start Head Start Pre-K PPCD

Special Diet – to be completed by medical provider

Dieta especial – Esta parte debe ser llena por el proveedor médico

1. Check one:

- Participant has a disability
- Participant has a food allergy/intolerance, or medical condition that does not rise to the level of a disability.

2. Specify the disability, food allergy/intolerance, or medical condition requiring a special meal or accomodation (attach extra pages if needed):

3. If participant has a disability provide a brief description of participant's major life activity affected by the disability:

- Check if not applicable

4. Describe the type of special diet required (e.g. low sodium, gluten-free, diabetic, etc.) Attach extra pages if needed:



5. Modified Texture:

- Not Applicable
- Ground
- Chopped
- Pureed

6. Modified Thickness:

- Not Applicable
- Nectar
- Honey
- Spoon or Pudding Thick

7. List of Food to be Omitted:

List of Suggested Substitutes:

Parent or Guardian Signature/Firma del Padre o Tutor: _____ Date/Fecha: _____

Doctor Signature/Firma del Doctor: _____ Date/Fecha: _____

Teacher Signature/Firma del Maestro(a): _____ Date/Fecha: _____

Cafeteria Manager Signature/Firma del Gerente de la Cafetería: _____ Date/Fecha: _____

Health Staff Signature/Firma de Personal de la Salud: _____ Date/Fecha: _____

Parents: By signing this form, I am granting permission for my child's medical provider to clarify the special diet on this form if requested to do so by school/agency personnel.

Padres: Al firmar este formulario yo estoy otorgando permiso para que el proveedor médico de mi niño clarifique aún más la dieta especial en este formulario si así lo solicita el personal de la escuela/agencia.