

Special Dietary Needs Form

Department of Food & Nutrition Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Gaithersburg, Maryland 20879

SECTION A—MUST BE COMPLETED BY THE PARENT/GUARDIAN

Name of Student _____ Student ID _____ Grade _____

School Name _____ School Number _____

Teacher Name _____

Parent/Guardian Name (*printed*) _____

Parent/Guardian Signature _____

Email _____

Phone Number ____-____-____ Date ____/____/____

SECTION B—MUST BE COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL OR REGISTERED DIETITIAN

Does the student have food allergies? ☐ Yes ☐ No

If yes, please select the allergen from the list below

☐ **Wheat**

☐ **Tree Nuts**

☐ **Peanuts**

☐ **Dairy**

☐ **Eggs**

☐ **Fish**

☐ Milk baked in products are ok
(i.e., pancakes)

☐ Eggs baked in products are ok
(i.e., pancakes)

☐ **Shellfish**

☐ Yogurt is OK

☐ **Soy**

☐ **Sesame**

☐ Cheese is OK

☐ Soybean Oil is OK

Other: _____ Other: _____

Does the student have other special nutritional or feeding needs? ☐ Yes ☐ No

Please describe the special diet/feeding needs such as modified textures (i.e., pureed), celiac disease, diabetes, etc.

Will your child be participating in the school meal program for breakfast and/or lunch? ☐ Yes ☐ No

If yes, please indicate how often (e.g., daily, specific days of the week, occasionally): _____

I certify that the above-named student needs special school food as described above.

Only a state licensed healthcare professional or Registered Dietitian may sign and certify the above information.

Name (*printed*) _____ Office Number ____-____-____

Signature _____ Date ____/____/____

Procedure for Special Dietary Needs

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Background information:

The Americans with Disabilities Act (ADA) states that most physical and mental impairments constitute a disability. MCPS Department of Food and Nutrition Services (DFNS) works collaboratively with parents and other district staff to ensure an equal opportunity to participate in the school meal programs and receive program benefits. Schools are required to make substitutions to meals for students with a disability; these substitutions are on a case-by-case basis and only provided when supported by a written statement from a state-licensed healthcare professional—such as the **Special Dietary Needs Form** (page 1). Schools are required to make reasonable accommodations for students with disabilities that directly affect their diet. General health concerns, such as a preference that a student eat a gluten-free diet because a parent believes it is better for the student, are not disabilities and do not require accommodation. DFNS will design a meal plan within the nutrition program meal pattern to accommodate common disabilities. In most cases, disabilities can be managed within the meal pattern requirements. DFNS is not required to provide the specific substitution or other modification requested but will offer a reasonable modification that effectively accommodates the student's disability and provides equal opportunity to participate in or benefit from the program.

A Special Dietary Needs (SDN) Form is not needed to request soy milk. Soy milk is available at all schools. However, if your child requires a milk alternative other than soy, you must complete the SDN Form.

Procedure:

Once the **Special Dietary Needs Form** has been completed, the form is emailed to DFNSOffice@mcpsmd.org to be received by the clerical staff at DFNS central office. If the **Special Dietary Needs Form** has been completed, including the state licensed healthcare professional or Registered Dietitian's signature, the form is passed along to the DFNS registered dietitians who then reach out to the parent(s)/guardian(s) regarding planning a menu for the student. After the DFNS registered dietitian and parent(s)/guardian(s) have agreed upon a menu plan, the plan is then sent to the school-based supervisor to begin training the staff and aiding in food ordering if necessary. The menu is posted in a secured location within the school cafeteria, where the cafeteria manager and staff can access it. Some students may require their meals to be compiled and set aside for them to ensure the prevention of cross-contamination. Please note: the **Special Dietary Needs Form** is to be utilized independently or in addition to a 504 plan or in addition to a 504 plan for Form 525-14 (*Emergency Care for the Management of Student with a Diagnosis of Anaphylaxis*).