Mealtime Plan of Support

CONFIDENTIAL

Office of Special Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
850 Hungerford Drive, Rockville, Maryland 20850

Instructions: This form should be completed by members of a student's Section 504 Plan or Individualized Education Program (IEP) team (parents/guardians, general education teachers, special education teachers, related service providers, school community health nurse, school counselors, and/or pupil personnel workers) to document supports required for students with disabilities to safely participate in meals at school.

PART 1: STUDENT INFORMATION

Name _____ MCPS ID Number_____ Date____/____/_____

Date of Birth____/____/_____ Grade _____ School _____

❏ Section 504 Plan ❏ IEP Disability _____

Medical diagnosis_____

MEMBERS OF SCHOOL TEAM CONTRIBUTING TO THE DOCUMENT (NAMES/TITLES)

Name _____Title_____

Name _____Title_____

Name _____Title_____

Name _____Title_____

PART 2

Medical documentation of feeding and swallowing:

❏ Medical documentation related to oral feeding has been requested from the family

❏ Permission/release of information forms are included in the student's school health file

❏ Documentation of a swallow study by a medical team has been shared with the school team (see attached)

Approved consistency and texture of foods/liquids:	**Contraindicated foods/liquids:**
❏ Puree/Mashed foods	❏ Puree/Mashed foods
❏ Mechanical soft (mashed with lumps) foods	❏ Mechanical soft (mashed with lumps) foods
❏ Ground foods	❏ Ground foods
❏ Chopped foods	❏ Chopped foods
❏ Regular foods	❏ Regular foods
❏ Pudding thick liquids	❏ Pudding thick liquids
❏ Honey thick liquids	❏ Honey thick liquids
❏ Nectar thick liquids	❏ Nectar thick liquids
❏ Thin liquids	❏ Thin liquids

Who will provide recommended consistency and texture of food/fluids?

❏ Family to send in with student

❏ School staff members to alter consistency and texture to meet medical recommendation

Primary staff member name: _____ Backup staff member name: _____

List any current medications that impact feeding and swallowing: (Current medications also must be documented on MCPS Form 565-1, *Student Emergency Information*, in the Emergency/Medical Information section on the myMCPS Student Portal, and on MCPS Form 525-13, *Authorization to Administer Prescribed Medication*.)	**List food allergies:** (allergies must also be documented on MCPS Form 565-1, *Student Emergency Information* and in the Emergency/Medical Information section of the myMCPS Student Portal.)

❏ **Individualized Health Plan (IHP) has been developed by school nurse.**

PART 3

What strengths does the student exhibit during mealtime at school?

What are challenges to the student's safety and success during mealtime?

❏ Physical difficulty (e.g., bringing food to the mouth)

❏ Processing food in the mouth (e.g., motor or sensory deficits)

❏ Dysphagia or swallowing disorder

❏ Surgical intervention

❏ Positioning problems that affect feeding, eating, and swallowing

❏ Increased risk of choking and aspiration

❏ Psychosocially-based eating disorders (e.g., food obsessions, unusual eating habits)

❏ Dysfunction related to cognitive impairments (e.g., understanding nutrition or food preparation)

❏ Limited food preference

❏ Concerns over deficiencies in nutrition and hydration during time at school

❏ Other:

Which strategies will be used to support safety and success of the student during mealtime?

Which staff members will support the student during mealtime?

Positioning needs:

Utensils/equipment needs:

Additional details on safe feeding and/or drinking procedure:

IEP/SECTION 504 PLAN DOCUMENTATION CHECKLIST

❏ **Summary of safe feeding and swallowing procedures has been added to the "Health" Present Levels of Academic Achievement and Functional Performance (PLAAFP) in the student's IEP**

❏ **Supplementary Aids and Services required for safe feeding and swallowing procedures have been documented in the student's IEP**

❏ **Accommodations required for safe feeding and swallowing procedures have been documented in the student's Section 504 Plan.**