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TO: School Special Dietary Meals Prescription Professional

RE: New Special Dietary Prescription Forms and Procedures

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Attached to this letter is a new Special Dietary Meal Prescription form. In conjunction with the prescription form are a series of Questions and Answers and a detailed instruction sheet. The correct completion of this form is important to children with disabilities.

As determined by the physician, the new prescription form provides the school district with a student care plan. If the physician does not declare the student to be disabled, the form may still be utilized by the district to determine, based on district policy, an individual student care plan.

The Special Dietary Meals Prescription form must be updated annually and returned to the District 504 Coordinators. The form must also be signed by a physician.

We are committed to ensuring that students with disabilities are provided the same opportunities to participate in the school meals program as all other students.

If you have further questions, please contact the individual student's 504 Coordinator or the Food Service Director's office.

TDD Access: Relay NH 711  
EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

**SPECIAL MEALS PRESCRIPTION FORM**

Local School District/Name of Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ NH Zip Code: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SASID: \_\_\_\_\_ School Name/Institution: (if different than above) \_\_\_\_\_

Disability:  Disabled (*Federal Policy: as determined by physician*)  Non-disabled (*school district policy*)

Disability or medical condition:

- |                                       |  |   |                                       |
|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Food Intolerance  | <input type="checkbox"/> Celiac Disease         | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Cerebral Palsy    | <input type="checkbox"/> Cystic Fibrosis        | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Autism/PDD   | <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Down Syndrome          | <input type="checkbox"/> PKU          |
| <input type="checkbox"/> Galactosemia | <input type="checkbox"/> None              | <input type="checkbox"/> Other (specify): _____ |                                       |

Description of Condition Requiring Special Diet: \_\_\_\_\_

Special Diet: (*Check all that apply*)  Diabetic  Reduced Calorie  Increased Calorie  Modified Texture

Date Effective: From: \_\_\_\_\_ To: \_\_\_\_\_

**MEATS/PROTEIN FOODS**

- Can't Have:  Chicken  Pork  Canned/Dried Beans  Nuts/Seeds  
 Beef  Poultry  Peanut Butter  Soy (Tofu, Soy Protein)  
 Fish  Eggs  No Restriction  Any Meat/Protein Foods  
 Other (specify): \_\_\_\_\_

Food Prep:  Pureed  Ground  Thin Strips 1/4"  Bite Size, 1/4" by 1/2"  None

Apply this preparation to all Meat/Protein Foods:  Yes  No

**VEGETABLES/FRUIT**

- Can't Have:  Fruits, fresh  Any fruits/vegetables  
 Canned  Vegetables, hard/uncooked  
 Canned with liquids  Other (specify): \_\_\_\_\_

Food Prep:  Pureed  Ground  Thin Strips 1/4"  Bite Size, 1/4" by 1/2"  None  
 Drain before puree

Apply this preparation to all Vegetables/Fruit:  Yes  No

**GRAINS/BREADS/CEREALS**

- Can't Have:  Bread/Rolls  Crackers  Taco Shells, hard  
 Gluten (barley, rye, wheat)  Rice  Tortillas, soft  
 Pancakes/Waffles  Pasta  French Toast  
 Cereal  No Restriction  Any Bread/Grains/Cereal Foods  
 Other (specify): \_\_\_\_\_

Food Prep:  Pureed  Thin Strips 1/4"  Moistened  None  
 Ground  Bite Size, 1/4" by 1/2"  Toasted/grilled

Apply this preparation to all Grains/Breads/Cereals:  Yes  No

### MILK/DAIRY

Can't Have:  Cheese  Milk  Soy Milk  Ice Cream  
 Cheese, soft  Lowfat Milk  Yogurt  Yogurt, Frozen  
 Cheese, hard  Whole Milk  No Restriction  
 Any Milk/Dairy Foods  Other (specify): \_\_\_\_\_

Food Prep:  Pureed  Thin Strips 1/4"  Bite Size, 1/4" by 1/2"  
 Ground  None

Apply this preparation to all Milk/Dairy:  Yes  No

### FATS/SAUCES

Can't Have:  No Restrictions  Condiments  Dressings  
 Low fat Dressings  Gluten  Sauces  
 High fat Dressings  Any Fats/Sauces  Other (specify): \_\_\_\_\_  
 Spreads

### COMBINATION FOODS

Can't Have:  Gluten  Lasagna  Pasta with Sauce  
 Shepherds Pie  Soup  Any Combination Food  
 Stews  Pizza  Other (specify): \_\_\_\_\_

Food Prep:  Pureed  Thin Strips 1/4"  Bite Size, 1/4" by 1/2"  
 Moistened w/sauce or gravy  Ground  None

Apply this preparation to all Combination Foods:  Yes  No

### LIQUIDS

Tube Feeding:  Yes  No If Yes, specify formula: \_\_\_\_\_

Liquids by Mouth Allowed:  Yes  No Select Type of Thickeners Needed:  Thickened Syrup  Thickened Nectar\*  
 Thickened Honey\*  None

Select Thickeners:  Dry instant baby cereal  Dry instant mashed potato  Dry instant pudding  
 Fruit pureed/Stage I/II baby  Simply Thick  Thick It  
 Yogurt  Any Thickener listed

\*Nectar= thicken enough to coat a spoon, Honey = thicken enough to stand a straw straight in a cup

Thickening Directions:

