

MODIFICATIONS TO ACCOMMODATE DISABILITIES IN SCHOOL MEAL PROGRAMS

Disability Definition

- A person with a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to: seeing, hearing, walking, speaking, learning, reading, eating, breathing; and major bodily functions such as functions of the immune system, digestive bowel, bladder, neurological, respiratory, circulatory, and endocrine functions.
- A person who has a record of such an impairment.
- A person who is regarded as having such an impairment.

A parent/guardian must notify the Food Service Supervisor of the student's disability.

If the meal modification diverges from the program's meal pattern requirements, a written medical statement must be submitted, if it is not already included in the child's IEP or 504 Plan, and must include:

- Information of the child's physical or mental impairment that is sufficient to allow the food service department to understand how it restricts the child's diet.
- An explanation of what must be done to accommodate the child's disability.
- The food or foods to be omitted and recommended alternatives, in the case of a modified meal.

If the parent/guardian requests a reasonable meal modification (breakfast and/or lunch) due to a disability, they must complete the appropriate form (MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS) and submit it to the Food Service Supervisor before modifications are considered. If the modification can be made within the meal pattern requirements, the medical statement may still be required to support the request and meal modification. GCPS will begin providing a reasonable modification to keep the child safe, until the parent/guardian provides a medical statement signed by a state licensed healthcare professional to support the meal modification. Once the completed form is received by the Food Service Supervisor, it will be promptly reviewed to determine if reasonable modifications can be made. In the case that the modification request is denied, a grievance may be filed by writing to the Division Superintendent where an impartial hearing will be scheduled.



**MEDICAL STATEMENT TO REQUEST
SPECIAL MEALS AND/OR ACCOMMODATIONS**

1. School Giles County Public Schools		2. Site Name Giles County Public Schools		3. Site Phone Number 540-921-1421 x 17	
4. Name of Child				5. Age of Child	
6. Name of Parent or Guardian				7. Phone Number	
8. Description of Child's Physical or Mental Impairment Affected:					
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:					
10. Indicate Food Texture for Above Child: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed					
11. Foods to be Omitted and Appropriate Substitutions:					
Foods To Be Omitted			Suggested Substitutions		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
12. Adaptive Equipment to be Used:					
13. Signature of State Licensed Healthcare Professional*		14. Printed Name		15. Phone Number	16. Date

***For this purpose, a state licensed healthcare professional in Virginia is a licensed physician, a physician assistant, or a nurse practitioner.**

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

INSTRUCTIONS

1. **School:** Print the name of the school that is providing the form to the parent.
2. **Site:** Print the name of the school site where meals will be served.
3. **Site Phone Number:** Print the telephone number of site where meal will be served.
4. **Name of Child:** Print the name of the child to whom the information pertains.
5. **Age of Child:** Print the age of the child.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child's medical statement.
7. **Phone Number:** Print the telephone number of parent or guardian.
8. **Description of Child's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the participant does not need any modification, check "Regular."
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Telephone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

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.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.