



Norfolk Public School Food Service

Date:

Dear Parent or Guardian:

It has come to our attention that your student may require a dietary modification. Please review the enclosed materials we have gathered to help facilitate the process; they are designed to give you a good overview of the process and menu outcomes. Federal regulations and state law require specific documentation for diet modifications if they are to be addressed and monitored by the School Food Service. We request that you obtain and submit the required documentation to be kept on file for your student.

Materials Enclosed

I. **Physician certification forms** that are required by the state of Nebraska:

- a. Request for Meal Accommodations Form — Completed by parents/guardians to assist food service if accommodations are available.
- b. Medical Statement for Students Requiring Special Meals — form to be completed by a Health Care Professional if the condition is medically related.

It is important to note that the request can't be addressed by school food service without your physician filling out the forms completely including: Physical/mental impairment, dietary restrictions, and details on foods to avoid and substitute.

2. **Definition of Disability:** This should be used by your physician to verify what "major life activity" is impaired. Please note that The Americans with Disabilities Act (ADA) Amendments Act of 2008 made important changes to the meaning and interpretation of the term "disability" under the ADA and under Section 504 of the Rehabilitation Act of 1973. These changes were intended to restore the broad scope of the law by making it easier for individuals to establish that they have a disability.
3. **Nutritional Information Limitations and Terms:** This document identifies the limitations school food service has in accurately providing nutritional and or allergen information on products we purchase from food service suppliers. Your family should read over this information carefully to be fully informed on these limitations. We ask that you acknowledge your understanding of this information and your agreement to these terms of information usage with the signature of a parent or guardian.

Outcomes of the Process

We feel it is important to understand the outcomes of the process in terms of your student's menu. Because of the difficulty in administering special diets, meal variety may be limited for your student with a certified disability. If after reviewing the Nutritional Information Limitations and Terms, the parent or guardian agrees to those terms, school food service will work with you to provide additional options to your student's menu.

If your family is not comfortable with those terms, school food service will of course provide the one alternative meal as required by the USDA and the National School Lunch Program.

Depending on the dietary modification and the age of the student, we have found that some students prefer to monitor their own diet by choosing what they will eat each day. If you would like to allow your student to be responsible for his or her own diet by making their own choices, please ask the physician to indicate this on the form. We have also had some physicians specify that the student should monitor his/her own diet restrictions, but that the School Food Service should ensure that alternate choices are available on the menu.

If you are requesting that we provide ingredient or nutritional information with which to make these daily choices, please review the Nutritional Information Limitations and Terms and acknowledge your understating with a signature from a parent or guardian.

Please be sure your student's physician completes the medical statement form and returns the completed form to the school's nurses office.

Sincerely,

Tracy J. Shuck

Food Service Director