

Meal Accommodation Tracking Form

Part I. General Information

Student Name: _____ Date: _____

Student Birthdate: _____	Student Grade Level/ Student Identification Number/Home Room _____	Feeding Site Name: _____
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Part II. Disability Accommodation

- A. Does the student have a medical statement? Yes, answer the remaining questions in Part II.
 No, skip the remaining questions in Part II and go to Part III.
- B. What is the name and contact information for the medical authority who signed the medical statement? _____
- C. Does this student have a disability based on an allergy? Yes (If checked, what is the allergen?)
 No (If checked, go to the next question.)
- D. In case of an emergency, has the parent provided emergency medication? Yes (If checked, where is the medication or emergency kit located?)
 No (If checked, go to the next question.)
- E. In an emergency, what is the name and contact information for the staff member who is to be contacted in a student emergency? _____

Part III. Non-Disability Accommodation

- A. Is the student being given a dietary accommodation without a medical disability that is based on a special dietary need (including religious or cultural practice)? Yes
 No

Part IV. Accommodation Description

Check all that apply. If checked, provide a description in the accommodation in the space provided.

- A. Food items or ingredients not to be served _____
- B. Suggested substitutions for food items not served _____
- C. Specific information on portion sizes for food items _____
- D. Specific description of texture modifications for specific food types or items _____
- E. Special utensils _____
- F. Other _____

Additional Notes: _____

Directions: Meal Accommodation Tracking Form

Purpose

This form is intended to assist the CE in organizing information for all meal accommodations. This information and related documentation may also be maintained electronically. For more information about meal accommodations, see the *Administrator's Reference Manual (ARM), Section 25, Meal Accommodations*. The contracting entity (CE) should attach all documentation related to the meal accommodation, including the medical statement or copies of the documentation if the CE retains original records in another location, to this form or place in a folder with this form.

Directions:

Part I, General Information

Student Name: Record the name of the student in the designated space.

Date: Record the date the worksheet was completed in the designated space.

Student Birthday: Record the student's date of birth in the designated space.

Student Grade Level/Home Room/Student Identification Number:
Record the student's grade level, homeroom, and/or student identification as applicable in the designated space.

Site Name: Record the name of the feeding site or sites in the designated space.

Part II, Disability Accommodation

- Indicate if the student has a medical statement by marking *yes* or *no* check box.
- Continue to answer the Part II questions as directed for each question. Be sure to provide additional information in the text boxes as directed.

[NOTE: In addition to immediate actions to address the safety and medical needs of a student in an emergency, staff should have a procedure for contacting the parent or guardian. If the CE has not developed written procedures for actions to take in a student emergency, it should do so.]

Part III, Non-Disability Accommodation

- Indicate if the student has been given an accommodation without a medical disability that is based on a special dietary need (including religious or cultural practice) by checking *yes* or *no*.

Part IV, Accommodation Description

- Indicate the type of accommodation to be provided to the student by checking the appropriate accommodation type and providing a description of the accommodation in the text space provided.
- Provide additional notes in Part IV that will assist SNP staff in implementing the accommodation.

Use This Form	
Frequency	As needed.
Required Form Format	Not required to use this form.
Record Retention	Public and charter schools are required to keep documentation related to SNPs for 5 years after the SNP has ceased to provide the accommodation. Private schools, other nonprofit organizations, and residential child care institutions (RCCIs) are required to keep documentation for 3 years after the SNP has ceased to provide the accommodation.