EXHIBIT(2)#: 453.41 SECTION: STUDENT

## DEFINITIONS OF DISABILITY AND OF OTHER SPECIAL DIETARY NEEDS Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act* (ADA) of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions, a few of which may be:

orthopedic, visual, speech, and hearing	metabolic diseases, such as diabetes or
impairments;	phenylketonuria (PKU)
cerebral palsy;	Heart disease
epilepsy;	food anaphylaxis (severe food allergy)
muscular dystrophy;	mental retardation
multiple scierosis	emotional illness
cancer	drug addiction and alcoholism
specific learning disabilities	HIV disease
tuberculosis	

Please refer to the Acts noted above for a more detailed explanation.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

#### Individuals with Disabilities Education Act

The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act* (IDEA) means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services.

IDEA recognizes thirteen disability categories which establish a child's need for special education and related services. These disabilities include:

Autism	Deaf-blindness				
Deafness or other hearing impairments	Mental Retardation				
Orthopedic impairments	Emotional disturbance				
Specific learning disabilities	Speech or language impairment				
Traumatic brain injury	Multiple disabilities				
Other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis;	Visual impairment; including blindness, which adversely affects a child's educational performance.				

Attention deficit disorder or attention deficit hyperactivity disorder may fall under one of the thirteen categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which determines the category.

The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA. NOTE: Some states supplement the IEP with a written statement specifically designed to address a student's nutritional needs. Other states employ a "Health Care Plan" to address the nutritional needs of their students. For ease of reference, the term "IEP" is used to reflect the IEP as well as any written statement designating the required nutrition services. When nutrition services are required under a child's IEP,

school officials need to make sure that school food service staff are involved early on in decisions regarding special meals.

#### Physician's Statement for Children with Disabilities

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

- · the child's disability;
- an explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability;
- the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

The following form (Figure 1) may be used to obtain the required information from the physician

Figure 2 may be used in the school agency to communicate necessary information to the appropriate staff.

Reference: Accommodating Children with Special Needs: Guidance for School Foods Service Staff, United States Department of Food and Nutrition Service, Fall 2001; <a href="http://www.fns.usda.gov/cnd/Guidance/default.htm">http://www.fns.usda.gov/cnd/Guidance/default.htm</a>

#### Food Allergy Management

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and the school food service may, but is not required to, make food substitutions for them.

However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

### Other Special Dietary Needs

The school food service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need.

Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

# EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS Student's Name Age

				,	
Name of School	Grade Le	evel	Classroom		
					•
Does the child have a disability? If Yes, describe the major life a	activities at	ffected	by the disability.	Yes	No
			•		
Does the child have special nutritional or feeding needs? If Yes,	complete F	art B	of this form and	Yes	No
have it signed by a licensed physician.				<u> </u>	
If the child is not disabled, does the child have special nutrition	al or feedir	ng nee	ds? If Yes,	Yes	No
complete Part B of this form and have it signed by a recognized				1	<u> </u>
If the child does not require special meals, the parent can sign at		and r	eturn the form to the	school food	service.
PART	B				
List any dietary restrictions or special diet.	,				
	:				
2					
List any allergies or food intolerances to avoid.					
List any alleigles of food intolerances to avoid.	•				•
	2				
			•		
					-
List foods to be substituted.				-	
* .		•			•
List foods that need the following change in texture. If all foods n	eed to be	prepai	red in this manner, inc	licate "All."	
	•			•	,
Cut up or chopped into bite size pieces:					
			•		
Finely ground:				•	
Pureed:					
r uleeu.					
List any special equipment or utensils that are needed.					
List any obodia ognipinom of atoriano maratro noodos.		•			
				•	
Indicate any other comments about the child's eating or feeding p	atterns.			***************************************	
				- ,	
	•				
Parent's Signature				- <del></del>	Date:
Parent's Printed Name and Phone Number					
Physician or Medical Authority's Signature			•		Date:
Physician or Medical Authority's Printed Name and Phone Number					
i Paveician of Medica: Alithority ePrinted Name and Phone Nilmbr	3 f				1

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