

LOUISIANA DEPARTMENT OF EDUCATION SCHOOL FOOD SERVICE SECTION
DIET PRESCRIPTION FOR MEALS AT SCHOOL
RAPIDES PARISH SCHOOL BOARD SCHOOL-BASED NUTRITION SERVICES

4515 Eddie Williams Avenue
Alexandria, LA 71303
318-442-0910

DIET PRESCRIPTION FOR MEALS AT SCHOOL
2025-2026

This document is in effect for the current school year and must be renewed annually.

Student Name:	Date of Birth:	School:
Parent/Guardian Name:	Grade:	Phone:
Address:		
List Disability/Medical Condition(s) that require special dietary needs:		

PART A

DIET PRESCRIPTION (check all that apply):

☐ **Diabetic:** ___ Carbohydrate Counting OR Carbohydrate Grams:

Breakfast:	Lunch:
Snack AM:	Snack PM:

☐ **Lactose Intolerance (eliminate fluid milk):**
Other dairy is allowed: cooked cheese, etc. _____

☐ Yes

☐ No

Please document substitute for Fluid Milk:

☐ Juice _____

☐ Water

☐ **Snacks allowed:**

☐ Yes

☐ No

☐ Other

☐ **Seconds allowed:**

☐ Yes:

If Yes:

☐ Entree

☐ Sides (Fruits/Vegetables)

☐ Entire meal

☐ Other

☐ No

☐ **Calorie Count:**

Breakfast Calories:	Lunch Calories:	am/pm Snack Calories:
---------------------	-----------------	-----------------------

- ☐ **Specific foods/drinks to omit:**

--

Precautions: Check all that apply.

- ☐ General Safe Swallowing Precautions
☐ Independent
☐ Supervision with oral intake
☐ 1-1 Supervision
☐ Other specific precautions:

--

Texture Modifications: CHECK ONE ONLY (Unless G-TUBE supplemental feedings are required)

- ☐ NPO
☐ **Regular Consistency without modified meats:** Normal everyday foods of various textures that are developmentally and age-appropriate.

Please indicate if bread is allowed on chopped diet - (all bread will be presented in a chopped consistency):

- ☐ Yes, soaked/wet bread
☐ Yes, dry bread
☐ No
☐ Other:

- ☐ **Chopped/Mechanical Soft-Soft/Bite Sized:** All foods, including meats, vegetables, potatoes, and sides, are chopped into bite-sized pieces no bigger than 8mm x 8mm. No regular dry bread.
- ☐ **Ground/Minced-Moist:** Minced and moist with only ground meat consistency. No regular dry bread. All foods are easily mashed, no liquidy foods, and foods are under 2mm in size.
- ☐ **Pureed:** All foods are presented in a pureed form, usually eaten with a spoon, have a smooth texture with no lumps, and hold their shape on the spoon.
- ☐ **Liquified Diet:** Pureed food reduced to thin liquids with milk broth and juice. Liquid consistencies available:
- ☐ Nectar
☐ Honey
☐ Pudding
☐ Supplement (i.e. Pediasure, Ensure, etc.):

Liquid Consistencies: CHECK ONE ONLY

- ☐ **Thin liquids:** Unthickened, such as water or juice. Common thin liquids include coffee, tea, clear broth, clear juice, skim milk, 2% milk, and whole milk.
- ☐ **Nectar thickened (NTL):** Approximately as thick as tomato juice. Should pour in a continuous stream without "breaking" into drops. Common "natural" nectar thick liquids include nectar, tomato juice, and buttermilk.
- ☐ **Honey thickened:** Sticks to the sides of a cup-like honey. Pours very slowly. Liquids include honey and cream soups. Do not allow the students to use a straw when on this consistency.
- ☐ **Pudding thickened:** Will hold its shape when scooped with a spoon. Do not allow the student to use a straw when on this consistency.

Drinks allowed on current diet:

<input type="checkbox"/> Fruit Juice	<input type="checkbox"/> Milk	<input type="checkbox"/> Water
<input type="checkbox"/> Punch	<input type="checkbox"/> Caffeinated beverage	<input type="checkbox"/> Other:

Other Diet Prescription:

Religious Reason:

Adaptive Equipment:

<input type="checkbox"/> Equipment needed: <input type="checkbox"/> None

FOOD INTOLERANCE: FOOD ALLERGY:

(digestive system response) (immune system response)

- ☐ Level I -eliminate intolerable food only
☐ Level II-eliminate products with food allergens

<input type="checkbox"/> Milk (fluid form only) - cheese allowed	<input type="checkbox"/> Milk Substitute: Juice/Water	<input type="checkbox"/> Eggs- History of inhalation reaction
<input type="checkbox"/> Milk and dairy products	<input type="checkbox"/> Fish- history of inhalation reaction	<input type="checkbox"/> Eggs
<input type="checkbox"/> Shellfish-history of inhalation reaction	<input type="checkbox"/> Wheat	<input type="checkbox"/> Tree Nuts
<input type="checkbox"/> Soy	<input type="checkbox"/> Peanuts- History of inhalation reaction	<input type="checkbox"/> Tree Nuts- History of inhalation reaction or Other reaction:
<input type="checkbox"/> Other:		

PART B

Special Diet Status changed, student no longer needs special diet

- ☐ I certify that the above-named student needs modified school meals prepared as described above because of the student's disability, dysphagia team evaluation/recommendations, or chronic medical condition.

Signature of Physician/Medical Authority:	Office Phone:
Date:	Office Fax:
Office Address:	