



**UNIQUE MEALTIME NEEDS PROCEDURAL CHECKLIST**

✓	TASK
	Written notification of unique mealtime need has been received by the school/LEA
	School administrator or designee (504 Coordinator, EC representative, School Nutrition representative) is notified
	Medical statement is complete and clear enough to make informed decisions about meeting the student's unique mealtime need(s) at school
	School Nutrition Dir/Mgr has reviewed Medical Statement and determined if accommodations can be made outside of a disability determination/within existing meal pattern
	Student's IEP, 504, Individual Health Plan (IHP), and/or Emergency Action Plan (EAP) status has been verified
	If needed, convene or establish IEP/504 Team and include: <ul style="list-style-type: none"><li><input type="checkbox"/> Parent</li><li><input type="checkbox"/> School Nutrition representative</li><li><input type="checkbox"/> School Administrator/LEA representative</li><li><input type="checkbox"/> Nurse</li><li><input type="checkbox"/> Occupational Therapist</li><li><input type="checkbox"/> Speech Language Pathologist</li><li><input type="checkbox"/> Other relevant individuals (e.g., student, student's pediatrician, community service providers, dietitian, etc.)</li></ul>
	Appropriate, data-informed plan is developed, including: <ul style="list-style-type: none"><li><input type="checkbox"/> Procurement and maintenance of needed supports, equipment, materials, supplies, etc.</li><li><input type="checkbox"/> Provider intervention/service plans</li><li><input type="checkbox"/> Fidelity checking procedures</li><li><input type="checkbox"/> Progress monitoring/student response data</li></ul>
	All team members are clear on their role/responsibilities in the plan
	Additional training is provided to all team members who may require it

