



REQUEST FOR FEEDING OBSERVATION AND PROTOCOL DEVELOPMENT

Date of Request: _____ Referred by: _____

Student: _____ Date of Birth _____

Parent./Guardian: _____ Parent phone: _____

School: _____ Teacher: _____ Grade _____

District: _____ Case Manager: _____

Phone: _____ Email: _____

Current / New Student

Student has current feeding protocol.

Self Feeder: Yes No

Fed Orally by an Adult: Yes No

Breakfast Time: _____ Lunch Time: _____

What are your major concerns?

Speech Pathologist:

Occupational Therapist:

Physical Therapist:

Special Needs Nurse:

Special Education Director Signature: _____ **Date:** _____

Send completed request to: Megan Gard, RN (mgard@mesd.k12.or.us)

Please include:

Completed parent interview

Signed parent consent for evaluation

Signed HIPPA for exchange of information between Physician and MESD