

11611 NE Ainsworth Circle • Portland, Oregon 97220 • 503-255-1841 • fax 503-257-1583 • ww.mesd.k12.or.us

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** (circle one)

☐ 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:**

Fax completed request to Hailey Skiba, SLP @ Multnomah ESD- 503 257-1583

**Please include:**

☐Signed parent consent for evaluation

☐Signed HIPPA for exchange of information between Physician and MESD