

**This form can be added to your IEP for your child's School Diet**

**SCHOOL DIET MANAGEMENT PLAN**

Section 504 of the Rehabilitation Act of 1973 assures that students with special needs have access to school meal service even if meal adaptations are needed because of their medical condition.

Name of student for whom special meal plan is required: \_\_\_\_\_

Medical condition that requires the student to have a special meal plan: Prader-Willi Syndrome

Foods and amounts prescribed (Ex. Serving size, calories, low-fat, etc)

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Specific snacks and classroom treats allowed (Ex. Classroom parties, outings, crafts using food, field trips, rewards): \_\_\_\_\_

School plan required to prevent acquisition of non-prescribed food (Ex. Supervision, monitoring, peer support, shadowing, etc.)  
\_\_\_\_\_

Additional information:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above named student requires a special diet management plan as described above because of the student's disability or chronic medical condition.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Dietitian/Nutritionist Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

For further information about Prader-Willi syndrome contact:

Prader-Willi California Foundation

800.926.4697

[PWCF1@aol.com](mailto:PWCF1@aol.com)

[www.pwcf.org](http://www.pwcf.org)

Prader-Willi Syndrome Association (USA)

800.926.4797

[national@pwsausa.org](mailto:national@pwsausa.org)

[www.pwsausa.org](http://www.pwsausa.org)