



SPEECH/LANGUAGE DEPARTMENT
STUDENT FEEDING/DIET CONSISTENCY PRESCRIPTION
2024-2025 School Year

STUDENT NAME: _____ D.O.B.: _____

PLEASE SPECIFY **BOTH** FOOD AND LIQUID CONSISTENCIES:

FOOD CONSISTENCY

SELECT ONE:

Regular _____ Moistened Ground _____ Puree _____

NPO _____ Pleasure Feed _____
(specify amount in ounces)

LIQUID CONSISTENCY

SELECT ONE:

Thin _____ Nectar Thickened _____ Honey Thickened _____

Preferred Thickeners (please check all that apply):

- _____ Commercial Thickeners
- _____ Puree Fruit (i.e.: applesauce)
- _____ Baby Cereal Flakes
- _____ Yogurt
- _____ Pudding

*Please list any allergies/food restrictions/preferences _____

Physician's Signature _____ Date _____

NPI _____ Physician's Stamp: