

F e e d i n g



and
S w a l l o w i n g
PROCEDURES

Revised September 2009

Macomb Intermediate School District
Center Programs
www.misd.net



Macomb Intermediate School District

44001 Garfield Road
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www.misd.net

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MISSION

Macomb Intermediate School District:
Service, Support and Leadership

VISION

We are the Macomb Intermediate School District.

We provide quality service to special education and general education students, instructional and technical support to school staff, and cutting-edge educational leadership in Macomb County.

We are committed to all the students of Macomb County. To serve them well, we are resolute in involving parents, school personnel, and the community at large, including business, government, and civic organizations as active partners in planning, delivering and evaluating our services.

We work directly with individuals with disabilities who reside in Macomb County School Districts. We serve students of all ages, from newborns to adults, meeting their unique learning needs and supporting their families all along the way.

Within the twenty-one local districts and public charter schools, we focus our efforts on building capacity with school staff. Through quality training and instructional support, we increase their knowledge, skills and abilities, so all students receive a rigorous and effective educational experience.

We promote all aspects of the educational process through our development and support of technology. We provide training in the use of essential technology tools that enhance curricular, instructional and administrative services in our schools and, as a result, opportunities are expanded for all.

We work collaboratively with colleges and universities and are leaders in state and national programs. We anticipate needs and opportunities, all with the single purpose of identifying, developing and implementing programs and practices that, through education, improve the quality of life in Macomb County.

It is the policy of the MISD that no person, on the basis of race, creed, color, religion, national origin or ancestry, age, sex, height, weight, marital status, or disability shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity for which it is responsible.

F e e d i n g



and

S w a l l o w i n g

PROCEDURES

The Feeding and Swallowing Task Force (2004)

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foreword

The MISD is committed to educating all students for optimal success. The Center Program staff is dedicated to ensuring that students are able to function and achieve to the best of their abilities. For those students who struggle with essential life skills such as eating and drinking, additional supports are required in the school setting. There continues to be an increase in students with significant medical needs. The MISD is engaged in preparing staff to best meet these specialized needs of individual students.

A team of highly qualified professionals developed these procedures to ensure the needs of students with feeding and swallowing difficulties are addressed and effective plans are established. The team consisted of speech & language pathologists, occupational therapists, teachers, physical therapists, nurses, social workers, and administrators. Dr. Maureen Staskowski, Consultant for Speech and Language Impaired, has facilitated the work of this team for over 3 years. Their work resulted in this manual. Careful consideration has been given to developing meaningful procedures to assist classroom teams in developing appropriate feeding and swallowing plans. This manual will promote quality programs for students, their families, and staff.

Respectfully,

Beth Alberti, *Assistant Superintendent*
Special Education & Student Services



introduction

MISD Center Programs Feeding & Swallowing Procedures

The mission of MISD Center Programs is to improve each student's ability to function independently. We do that by developing and supporting comprehensive educational programs in partnership with students, their parents, local educational agencies (LEA) and the community we serve.

Our goal is to assure that students are fed safely and receive the nutrition they need to benefit from their education by developing procedures related to feeding and swallowing for MISD Center Programs. These procedures are designed to promote a systematic approach to the:

- Development of feeding and drinking adaptations
- Documentation of feeding and drinking adaptations
- Consistent use of feeding and drinking adaptations
- Communication of adaptations during staff or student classroom change
- Evaluation of feeding and swallowing difficulties
- Problem solving among team members

Our goals include having an educated staff who recognize the signs and symptoms of these problems and has the knowledge and ability to implement the most appropriate feeding and swallowing practices.

This guide outlines a process for documenting feeding modifications and the communication of students' needs to the appropriate staff. Procedures are included for addressing concerns related to feeding or swallowing or for further evaluation. Procedures and recommendations are made for the ongoing education of center program staff.



procedures

Related to Individual Student Feeding and Swallowing Needs

The following procedures are designed to meet all students' needs. Please refer to the diagram on page 4 for an overview of these procedures. A feeding and swallowing plan is written and implemented for all students requiring any feeding or drinking adaptation for either therapeutic or safety reasons. Feeding and swallowing adaptations may encompass simple accommodations such as the use of specialized equipment (e.g., scoop dish, cut-out cup, Teflon-coated spoon) or positioning the student to obtain optimal swallow. It also may include more significant modifications such as therapeutic feeding techniques, oral-motor programming, food and texture considerations, limiting portion size, and reducing rate of feeding. Students who do not require any adaptations do not need a feeding plan.

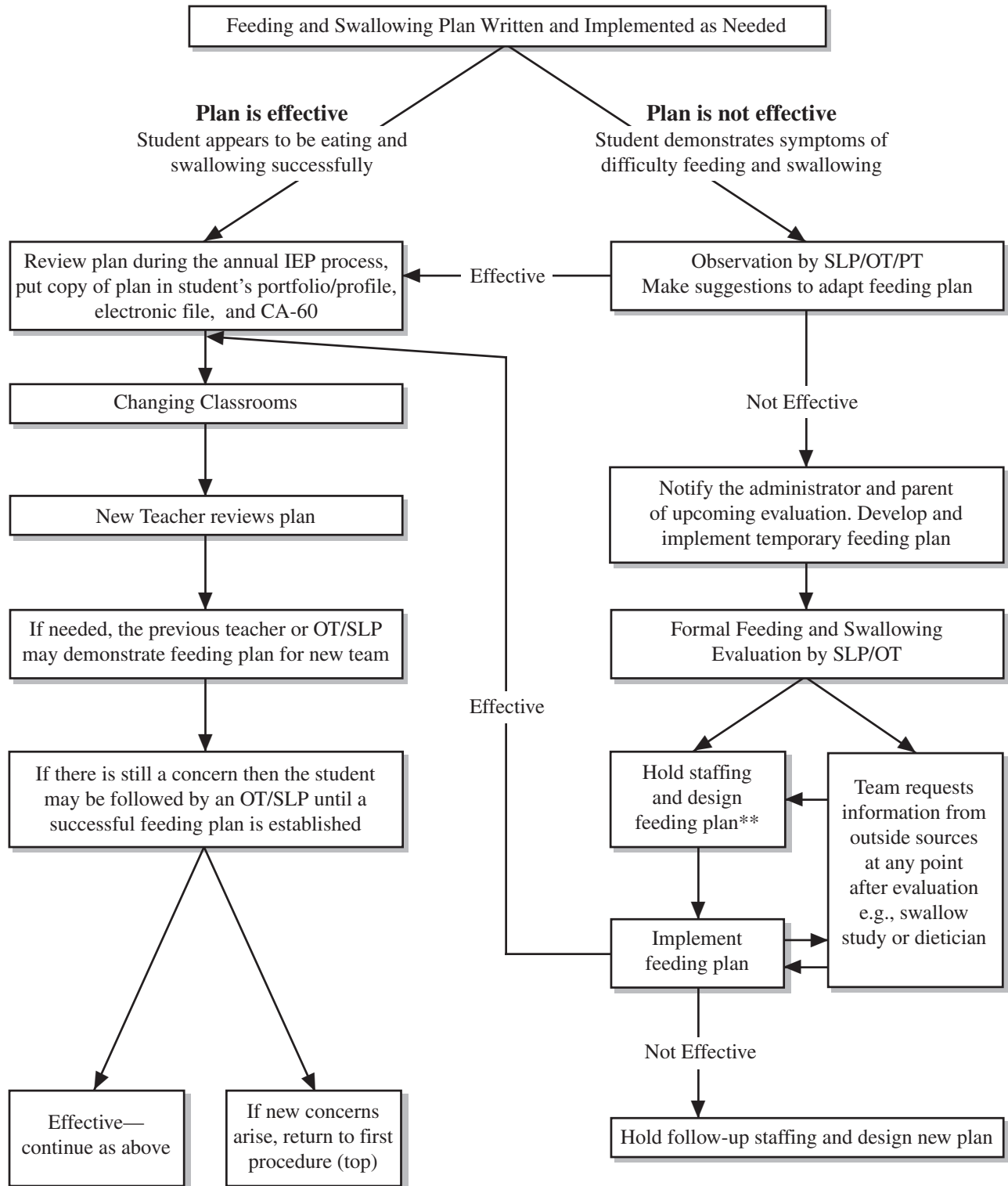
The feeding and swallowing plan is written from the parent and teacher's experience with how the student eats or drinks most effectively. No further evaluation is needed in most cases. The plan is implemented and the team determines whether it is effective. The plan is considered effective when the student appears to be eating and swallowing safely; without symptoms such as:

- Coughing or gagging during meals
- Choking
- Vomiting
- Wet sounding vocalizations
- Gurgly sounding respiration
- Difficulty directing food to be swallowed
- Very fussy eating behaviors
- Spikes in temperature
- Chronic ear infection
- Chronic respiratory problems (pneumonia)

The plan is not considered effective when the staff or family continue to report the above symptoms or difficulties.

MISD Center Program

Feeding and Swallowing Procedures



** If at any point after formal evaluation there is disagreement among participants of staffing see page 25



When the Plan is Effective

The following steps should be followed if the feeding plan is effective and the student appears to be eating and swallowing successfully:

The feeding and swallowing plan should be reviewed annually. This is typically done during the IEP process. The staff and family should make changes in the plan to reflect current feeding practices that the student requires to be fed safely. All staff should be made aware of the required adaptations and be provided with instruction if needed. A copy of the plan should be placed in the student's portfolio/profile and in the CA-60. The plan should be modified or updated and disseminated to parents and staff as needed.

It is important that information related to the plan be shared when the student changes classrooms. The new teacher reviews feeding plan. The previous teacher, speech-language pathologist (SLP), or occupational therapist (OT) may be asked to demonstrate the feeding plan for the new team if needed. The current therapists may be consulted if there are questions or concerns.



When the Plan is Not Effective

The feeding plan is considered not effective when the student demonstrates symptoms of difficulty eating and swallowing. These symptoms may include:

- Coughing or gagging during meals
- Choking
- Vomiting
- Wet sounding vocalizations
- Gurgly sounding respiration
- Difficulty directing food to be swallowed
- Very fussy eating behaviors
- Spikes in temperature
- Chronic ear infection
- Chronic respiratory problems (pneumonia)

It is **imperative** that staff recognize these symptoms as potential swallowing problems and initiate appropriate steps to alleviate the symptoms, as follows.

The teacher or parent should contact the OT or SLP who services the student's classroom if the feeding plan is not effective. The SLP or OT may make suggestions to adapt the feeding plan. This action alone may result in safe and successful feeding as demonstrated by reduced symptoms of feeding difficulty. The plan is documented (return to section "When the Plan is Effective" pg. 5) if this is the case.

If the feeding and swallowing concerns continue, the SLP or OT should notify the building principal and parent of the difficulties and plan to begin a feeding evaluation. See page 12, "Notification of Feeding and Swallowing Concerns."

A temporary feeding plan will be designed and implemented until a formal feeding plan is in place. This temporary plan is written on a **STUDENT FEEDING AND SWALLOWING PLAN** with a notation that it is temporary until an effective plan is developed.



The temporary plan may include minor adaptations such as limiting portions or consistencies as tolerated. **In more serious situations**, the team may determine that while the evaluation proceeds the family would feed the student on school premises or that the child not be fed orally at school. It is recommended that the family consult their doctor or dietician to assist in developing the temporary feeding plan.

A formal feeding and swallowing evaluation is completed by the SLP/OT. The Feeding and Swallowing Evaluation is filled out through interviews, observations and information from the parent questionnaire. The SLP/OT makes recommendations for feeding and swallowing.

At any point after the evaluation, the team (including the family) may request information from an outside source. This usually occurs when the student continues to demonstrate symptoms of swallowing difficulties despite the team's efforts to evaluate and attempt various modifications. This may include the student's physician, a request for a swallow study, or input from a dietitian.

Student's Physician

The family or educational team may desire evaluation, input, or clarification of previous input or prescriptions from the student's physician. Once communication is received from the physician, the educational team follows up with the physician with a signed release (page 21) as needed to assure that the team is working collaboratively with the physician.

Swallow Study

The team recommends that the family speak with their physician about obtaining a prescription for a swallow study when they feel that evaluation and attempts to modify feeding have not resulted in a reduction in symptoms of difficulty swallowing. When a swallow study is suggested, the team will provide pertinent information to the family. This will include the reasons for the request and general information about a swallow study (page 19). The family is asked to sign a release of medical information. A letter or report is sent to the physician explaining the request and the family obtains a prescription from the physician for a swallow study (modified barium swallow study or



MBSS). The family selects a medical facility based on their physician's referral and insurance coverage. The school team may help with this process by providing a list of agencies that perform this study. The SLP or OT contacts the selected facility to coordinate and share information (see letter, page 22) once the family has signed the release of information and selected a facility. The SLP and/or OT may make arrangements to attend the study with the family.

Dietician

There is referral information when the services of a dietician are needed.

After the evaluation and any outside information is gathered a staffing is held to discuss results and to design a feeding plan. The feeding plan is implemented and continued as long as it is effective. A follow-up staffing is held and a new plan is designed and implemented if the feeding plan is not effective. Additional evaluation information is gathered as needed.

Please refer to "Procedures Related to Disagreements Post MISD School Team Formal Evaluation" if at any point after the formal evaluation there is disagreement among team participants.



documentation

Student Feeding and Swallowing Plan

Feeding Plan

All students who require adaptations for feeding or feeding equipment for therapeutic or safety reasons should have a written feeding plan. This document (on the following page) is purposefully kept to one side of one page. It is meant to reflect the most crucial information related to safe eating and drinking for a student. Once an effective Feeding and Swallowing Plan is developed, it should be reviewed annually. When a feeding plan is developed for a student for the first time, it should be referenced in the student's next IEP that there is a feeding plan on file.

All staff should be made aware of the required adaptations and be provided with instruction if needed. A copy of the plan should be placed in the student's portfolio/profile and in the CA-60.

The plan should be modified or updated and disseminated to parents and staff as needed throughout the school year.



Student Feeding and Swallowing Plan

Date _____

Review Date _____

Review Date _____

Student _____ Teacher _____

Allergies _____

Equipment Dish _____ Utensil _____

Cup _____ Straw _____

Need for help? Independent _____ Assisted _____ Dependent _____

Explain _____

Consistency

____ Solid Food Pureed _____ Ground _____ Chopped _____ Mashed _____ Bite size _____

____ Liquids No liquids _____ Thickened liquids _____ (Check consistency)

Nectar Consistency _____ Honey Consistency _____ Pudding Consistency _____

____ Tube Fed Feed rate _____ Flush rate _____

Tube Fed/ Nothing by mouth _____ Tube and Oral Fed _____ Amount fed orally _____

Pleasure feeding _____ Amount _____

PROCEDURES

Amount of food per bite _____

Food placement _____

Wait time (allow time for student to swallow multiple times between bites) _____

Behavior Techniques _____

Student's Communication or signals during feeding _____

____ Keep student in upright position _____ minutes after meal

____ Encourage student to cough to clear throat _____ Offer a drink after _____ bites

Comments _____

POSITIONING

1. Sitting posture _____

2. Chair/seating device _____

3. Head position/support _____

4. Trunk control/support _____

5. Other _____

Check here if there is ongoing Oral Motor Program _____ (See Therapist/Plan)



documentation

Feeding and Swallowing in the IEP

Annual Review

During the IEP process the feeding plan is reviewed and changes are made to the plan if needed.

Documenting Feeding/Swallowing Concerns

The following should be written in the IEPT if there is a feeding/swallowing concern and an evaluation is needed or in progress. On the IEPT page for “Present Levels of Educational Performance” under “Other” record the following performance and needs:

- **Performance Levels:** Student is exhibiting difficulties feeding
- **Statement of Need:** State need, such as: A *temporary* Student Feeding and Swallowing Plan is needed until a long term Feeding Plan is developed .

Documenting Intervention related to Feeding and Swallowing

IEPT goals relating to improved feeding and swallowing are written when the IEPT team feels it is appropriate. These goals may be the responsibility of the SLP, OT, or teacher. Goals are typically written under the Self-Help Instructional Area and may include skills such as oral-motor or sensory.



Notification of Feeding and Swallowing Concerns

Designated team member: Complete top half of this form and submit to building principal to alert him/her of situation. Contact parent and discuss plan for student. Write parent responses on bottom half of form below and place in student's file.

Date _____
Student _____
<p style="text-align: center;">The classroom has identified the following feeding and swallowing concerns for this student:</p> <ul style="list-style-type: none">■ _____■ _____■ _____■ _____ <p style="text-align: center;">Further evaluation is recommended. Parent will be contacted.</p>

Parent made contact on _____
(date)

Parent response _____



Parent Input – Feeding and Swallowing

Date _____

Student _____ Date of Birth _____

Current Height and Weight _____ Physician _____

Allergies _____

How long does it take your child to complete a meal? 10–20 min. 20–40 min. >40 min.

Does your child have difficulty with any of the following?

- Choking during a meal
- Coughing with or without spraying of food
- Chewing
- Noisy breathing
- Gagging
- Biting on utensils
- Being touched around the mouth
- Tongue thrust
- Swallowing
- Breathing
- Gurgly or “wet” voice
- Vomiting
- Drooling: _____ constant _____ frequent _____ occasional
- Very fussy eating behaviors
- Spikes in temperature
- Chronic ear infection
- Chronic Respiratory problems (pneumonia)

Is your child tube fed? Yes No In the past

When was the tube placed and/or removed? _____

Why? Aspiration Medication only Transition to Oral Feeding Liquids only Other

What are your child’s food preferences?

Likes _____

Dislikes _____

Problem foods _____

What kinds (textures) of food does your child eat?

- Liquids Thickened liquids Pureed Mashed Ground
- Chopped Bite-sized pieces Regular diet

Does your child take any nutritional supplements?

Yes No If yes, specify _____

How is your child positioned during feeding?

- Sitting in a chair at a table Sitting in a wheelchair Sitting Held on lap
- Reclined Lying down Other _____
- Remain in upright after feeding/How long _____

What utensils are used?

- Bottle Spoon Sippy cup Cup (no lid)

Other adaptive equipment _____

Has your child ever had a swallow study?

Yes No If yes, when? _____

What were the results? _____

Additional Comments or Concerns _____

Parent Signature

Date



Feeding and Swallowing Evaluation

The feeding and swallowing evaluation is completed by the classroom team lead by the SLP and/or OT. The evaluation includes the following areas of assessment:

- Positioning
- Reflexes
- Tactile Responses
- Food Consistencies
- Food Preferences
- Therapeutic Spoon Feeding
- Oral Structures
- Oral Musculature During Chewing/Drinking
- Drinking
- Swallowing Concerns
- Response to Feeding

The SLP or OT leading the evaluation completes the following evaluation report.



Feeding and Swallowing Evaluation

Date _____
 Re-eval _____
 Student _____ Re-eval _____
 Evaluator(s)/Title(s) _____
 Classroom Teacher _____

HISTORY

Describe previous Feeding Plans _____
 Describe results of any previous swallow studies _____

POSITIONING (Hips, trunk, head/neck, arms/hands, legs/feet)

Comments _____

 List Seating Equipment Used _____

REFLEXES

	Normal	Hyper	Hypo	Absent
Gag reflex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite reflex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooting	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Comments _____

TACTILE RESPONSES

	Response to Stimulation	Recommendations
Body	_____	_____
Face	_____	_____
Mouth	_____	_____
Lips	_____	_____
Tongue	_____	_____
Teeth	_____	_____

FOOD CONSISTENCIES Pureed Ground Mashed Chopped Bite size
 Mixed (Indicate consistencies of mixtures) _____

FOOD PREFERENCES List any food preference related to:

Texture _____
 Taste _____
 Temperature (i.e. hot/cold/warm) _____
 Reaction to non-preferred foods _____



Feeding and Swallowing Evaluation

ORAL STRUCTURES & MUSCULATURE DURING CHEWING

		Concerns	Recommendations
Jaw	Movement		
	Bite Alignment/Pattern		
Teeth			
Tongue	Elevation		
	Left lateralization – moves from tongue to chewing surface & from side to side		
	Right lateralization – moves from tongue to chewing surface & from side to side		
	Front-to-back Movement – moves food posteriorly		
	Protrusion/Thrust		
Lips			
Palate			

Drooling
 yes
 no

Comment _____



Feeding and Swallowing Evaluation

DRINKING

Liquid Consistencies Unthickened Nectar Honey Pudding

Moves liquid with suckle suck unable to use cup

Tongue thrust yes no

Tongue retraction yes no

Anterior loss none minimal excessive

Appropriate jaw opening yes no

Jaw thrust yes no

Stabilizes cup by tongue under cup biting cup other

Upper lip closes over cup yes no

Up/down sucking motion yes no

Coordinated breathing with sucking/swallowing yes no

Type of cup needed _____

Response to thickened liquids _____

Recommendations _____

SWALLOWING CONCERNS

pneumonia or history of pneumonia gagging high aspiration risk

delayed swallow coughing Why? _____

multiple swallows wet voice low aspiration risk

chronic low grade fever congestion Why? _____

chronic, copious, clear secretions concerns related to weight

oral cavity not clear after swallow tongue pumping

larynx does not elevate properly

Describe swallow _____

RESPONSE TO FEEDING

alert throughout lethargic irritable

facial grimacing anxious irregular or audible breathing

refusal vomiting increased hypertonicity

reflux fatigue facial reddening

Other _____

EVALUATION SUMMARY AND RECOMMENDATION

Completed by/Title _____

Completed by/Title _____



Swallowing Study Referral Procedures

In some cases, a student continues to demonstrate symptoms of feeding and swallowing difficulties even after the team has completed an evaluation and despite various attempts to modify the way a student eats or drinks. In these cases the team may wish to recommend that the family seek a swallow study for the student.

The team may recommend to the parents that the parents seek a swallow study for the student at any point after the school team feeding and swallowing evaluation. The following steps are suggested:

1. Designated team member contacts family.
2. Team provides:
 - Information about swallow study/procedures
 - List of providers
 - Release of medical information form
3. Parent contacts physician for a prescription for a swallow study and makes appointment.
4. Parent informs school of pending appointment, location, date, and time.
5. Designated team member makes contact with hospital letter and/or call. See sample letter on page 22.
6. Designated team member attends swallow study to share school information, obtain results, and help family interpret recommendations.
7. Team reviews swallow study results and recommendations.
8. Team meets with family to discuss results and develop new feeding plan.

Understanding the Videofluoroscopic Swallow Study

A videofluoroscopic swallow study is a test in which **your** child swallows barium under an X-ray, so the process of swallowing and the movement of food from the mouth to the stomach can be watched.

This study is videotaped so specialists can carefully study the results. It can be called by many different names including “oral-pharyngeal motility study,” “cookie swallow,” or “rehabilitation swallow,” depending on where it is being done.

Why Are They Performed?

Videofluoroscopic swallow studies are recommended when there is concern about how well your child swallows, how well the airway is protected during swallowing, and how well food moves from the mouth to the stomach. Doctors are particularly interested in seeing whether food or liquid is being aspirated (drawn into) the child’s airway. This is a serious situation which can result in chronic lung and breathing problems.

A videofluoroscopic swallow study may be considered for your child if several of the following issues occur regularly:

- frequent choking
- coughing or gagging during meals
- trouble handling saliva
- gurgly respiration
- chronic respiratory problems (such as pneumonia)
- very fussy eating behaviors
- difficulty directing food to be swallowed

Your child’s doctor will make the referral for this study.

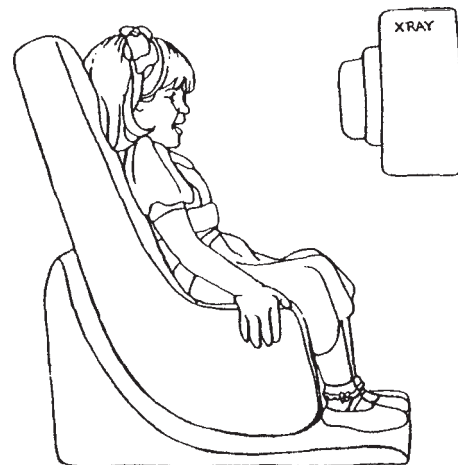
Where Are They Done?

These studies usually are done on an outpatient basis in the X-ray or radiology part of the hospital. Usually the radiologist and a speech pathologist or other feeding specialist are present to interpret the study.

What to Expect

Prior to the study, a complete feeding assessment should take place to evaluate your child’s eating skill. This gives the therapist a head start on knowing how to present the barium and what types of textures will be necessary to use during the study (thin, thick, chewy, and so forth).

The purpose of the videofluoroscopic swallow study is to view as typical a swallow as possible. As a parent, you may be asked to be present during the study, to help your child remain calm. You and any other participants will be required to wear X-ray protection capes.



Your child will be seated in an upright support chair. Views probably will be taken from the front and side.

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Feeding & Nutrition

Your child will be given one or more different textured **barium** mixtures that show up well on X-ray. Some children take thin liquid, and others may take a paste or **chewable** food that has been **coated in barium**. **You** might be **asked** to bring **your** child's **favorite** bottle, cup, and **spoon** to keep the procedure as familiar to **your** child as **possible**. The **barium liquid** and paste can be mixed with **favorite** foods you bring from home.

Your child is given small tastes, and the video X-ray traces the swallow and follows the food or liquid down the throat to the stomach. Not much barium is needed to get a good view of a swallow. Different treatment options may be tried on the spot if the professionals find a problem and want to see how different textures or positions change the results.

Results

The results will be shared with you by your child's doctor, the radiologist, and/or the other specialists present. The future course of action will be discussed and determined by your primary care team.

Special Instructions

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Authority to Obtain and Disclose Information

REGARDING

Student Name _____
Address _____
Birthdate _____
City/State/Zip _____

INFORMATION REQUESTED AND PURPOSE FOR DISCLOSURE

- Authority to Obtain Confidential Information:** I give express authority to the organization named below to release to the Macomb Intermediate School District, any confidential pertinent requested information concerning the above named individual. Once this information is received it may become part of the student's educational record.

Organization Name _____
Address _____

The protected health information is to be disclosed as specified in this authorization. This authorization will expire 180 days from the date of signature, or until you/or your organization has completed the disclosure(s) as requested, whichever is shorter.

- Authority to Release Confidential Information FROM the School:** I give express authority to _____, to release any pertinent requested information concerning the above named individual to:

Name _____
Address _____

Health Information used or disclosed based on this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA's privacy rules.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Principal of the School. I further understand that the School may have already released the information based on my original authorization. However, the School will not release any additional information after receiving my revocation.

Signature (Parent/Guardian/Adult Student/Legal Representative) _____
Relationship _____ Date _____
Copy of Signed Authorization Received by _____



Sample Letter

Date _____

To Whom It May Concern:

You have an appointment to see our student:

Name _____ Birth Date _____

Diagnosis _____

Special Education Certification _____

Our concerns include:

- 1.
- 2.
- 3.

We have included our most recent feeding and swallowing evaluation to provide you with current diet consistency, presentation, and positioning.

We have included a MISD **Authorization to Obtain and Disclose Information** with this letter. In your treatment plan, please provide information to help the classroom staff develop the optimal and safest diet level and compensatory feeding and positioning strategies. Please provide us detailed information related to:

1. Safest solid and liquid consistency
2. Safest volume and rate presentation
3. Describe any compensatory strategies attempted and their effectiveness

Sincerely,

Name/Title



Dietician

There may be instances when it is appropriate to ask parents to contact a dietician. A dietician can be an integral part of a team that is providing intervention for a student who demonstrates feeding or swallowing difficulties. A dietician can work along with the speech pathologist, occupational therapist or pediatrician to provide information regarding the safest diet that will also provide adequate nutrition. Examples of needs that can be met by a dietician include, but are not limited to:

- Foods that provide additional calories for those students who are failing to thrive
- Amount of calories per day in order to achieve target body weight
- Ounces safely consumed orally, (determined in conjunction with the physician/speech pathologist) if a student is tube fed, just to provide “pleasure foods”
- Ideas for introducing different textures into a child’s diet

In most health care systems, patients are referred to a dietician through the student’s physician.



procedures

Related to Disagreements Post MISD School Team Formal Evaluation

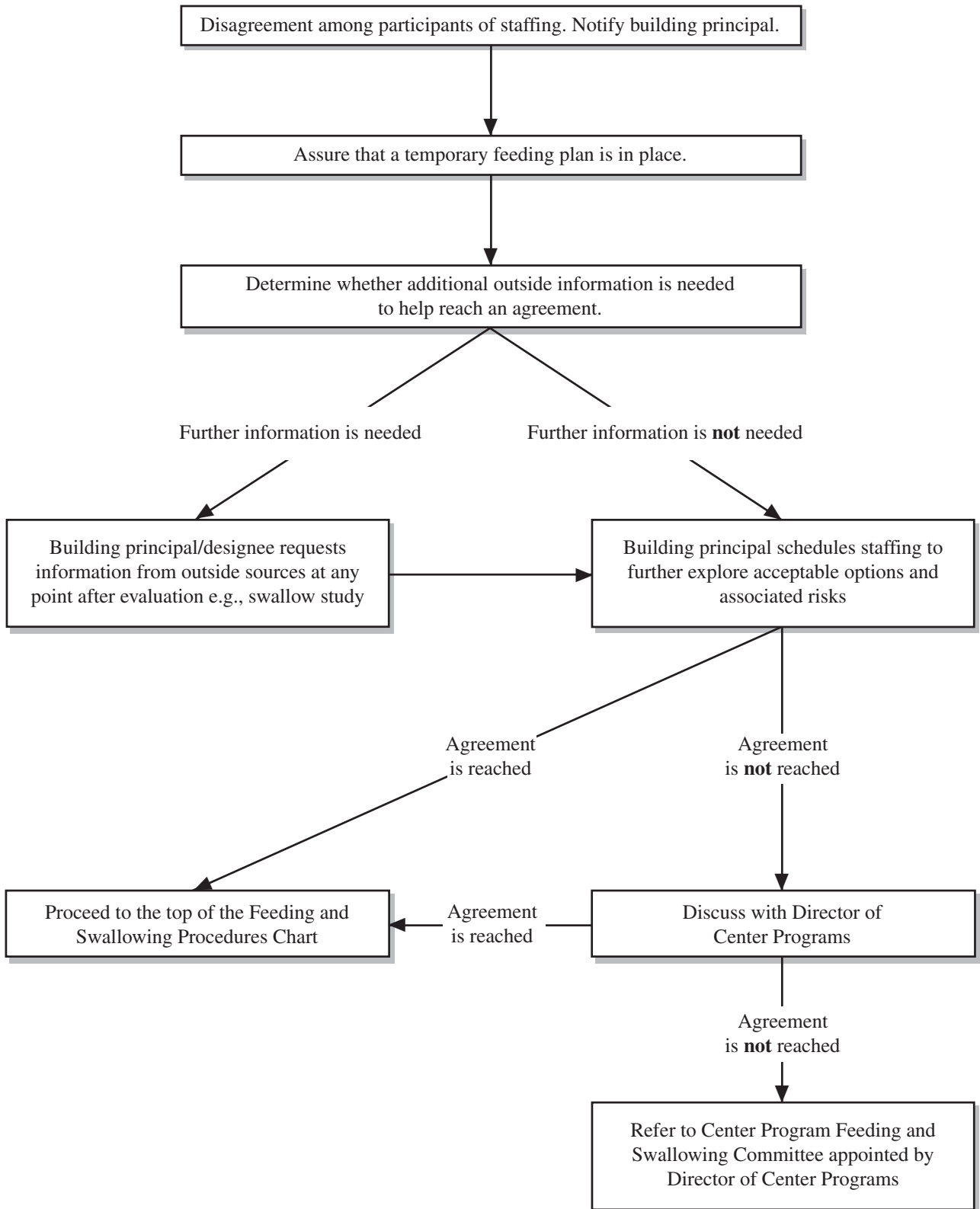
The following steps may be taken when there is a disagreement among any members of the team. Please refer to the diagram on page 25 for an overview of these procedures. The building principal should be notified of any disagreements among participants of the staffing. The team will attempt to reach a compromise regarding a feeding plan under the supervision of the building principal.

The first step is to establish a temporary feeding plan while the team attempts to reach an agreement. A temporary plan should be *short term* and used only as long as it takes to complete or obtain an evaluation, results, or a meeting. The student's team and the administrator develop the plan. The temporary plan may include adaptations such as limiting portions or consistencies as tolerated. *In more serious situations*, it is necessary to review other considerations.

The team will determine if outside referrals are needed, i.e. physician, swallow study, or dietician. The building principal will designate a team member to request the necessary information. A follow up staffing is scheduled once the information is obtained.

A staffing is held to discuss the issues and develop a plan on which everyone can agree. The team will follow the standard feeding and swallowing plan if an agreement is reached. The Director of Center Programs is contacted if an agreement is not reached. The Director of Center Programs will appoint a committee with appropriate members. This committee will review the student information and make recommendations for the safe feeding of the student while at school.

Procedures Related to Disagreements Post MISD School Team Formal Evaluation





procedures

Related to Staff Needs for Feeding and Swallowing

Knowledge of Center Program Feeding & Swallowing Procedures

At the beginning of every school year, the SLPs will distribute a handout to all staff reviewing the signs and symptoms of feeding and swallowing difficulties. SLPs will orient new staff to all feeding and swallowing procedures.

Safe Feeding & Swallowing Practices Training/ Knowledge and Skills for Evaluations and Consultations

Some students attending MISD center programs have very specific positioning or feeding procedures and actual demonstration of practices and techniques may be needed for anyone feeding the student. Emphasis should be placed on promoting safe swallowing and maintaining nutrition and hydration.

Professionals and paraprofessionals who work with students experiencing feeding and swallowing difficulties would benefit from “hands’ on” training. This includes demonstration of signs and symptoms of feeding or swallowing difficulties, feeding procedures, and therapeutic techniques. The training may be provided by building therapists or outside consultants, as needed. This guided practice may also include demonstrations with students as part of the staff education.

The speech-language pathologist and occupational therapists involved in evaluating and consulting regarding a student’s feeding and swallowing issues should have adequate education in this area.



Feeding and Swallowing Committee

The feeding and swallowing task force who developed this manual shall make-up the first of an ongoing feeding and swallowing committee. This committee, consisting of a SLP, OT, PT, social work, nursing, and teaching representatives, will be available to support staff in the implementation of this process. This might include assisting in educating staff about these procedures and answering questions from other staff members related to the process. It could also include development of other materials as needed and amending/reviewing these guidelines annually, or as needed.

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It is the policy of the MISD that no person, on the basis of race, creed, color, religion, national origin or ancestry, age, sex, height, weight, marital status, or disability shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity for which it is responsible.



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