

To: [School Name] Administration, School Nurse, and Food Services

From: [Parent/Guardian Name]

Date: [Current Date]

Subject: Dietary Accommodations for [Student Name] - Dysphagia Pureed Diet

Dear School Staff,

This letter is to inform you that my child, [Student Name], who is in grade [Grade Level], will be returning to school on [Date]. Due to a medical diagnosis of dysphagia, they require specific dietary accommodations to ensure safety during meal and snack times.

According to medical instructions from [Doctor/Specialist Name], [Student Name] must follow a **Level 4 Pureed Diet** (IDDSI Framework). Please implement the following protocols:

- **Food Texture:** All food must be pureed to a smooth, uniform consistency with no lumps, seeds, or skins.
- **Liquid Consistency:** All liquids must be thickened to [e.g., Mildly Thick/Moderately Thick] consistency.
- **Supervision:** [Student Name] requires direct supervision while eating to monitor for signs of aspiration or choking.
- **Positioning:** They must remain seated upright at a 90-degree angle during all meals and for 30 minutes afterward.

Attached you will find the formal medical order and the Feeding and Swallowing Plan signed by our healthcare provider. We request an 504 Plan or IEP meeting if necessary to formalize these safety measures.

Please contact me at [Phone Number] or [Email Address] if you have any questions or require further clarification.

Sincerely,

[Parent/Guardian Signature]

[Printed Name]