



**Autism in Surrey**

# **Supporting eating and drinking differences in education settings**



# Reasonable Adjustment Form

Completed in collaboration with the child/ young person, parent carer and school.

**Name:**

**DOB:**

**School year:**

**Class:**

**Date Completed:**

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## What are the differences and difficulties experienced?

(Describe in detail below)

- Does not recognise when feeling hungry or thirsty
- Challenges with food textures
- Limited diet – with only a few ‘safe’ foods
- Environmental sensitivities – smells, noise etc
- Challenges with queuing
- Seating preferences (e.g. Type of chair/ floor)
- Heightened anxiety eating around others
- Struggles to eat sufficient quantities
- Struggles to eat within the allocated time
- Prefers to graze/ eat small quantities at regular intervals
- Restricted fluid intake
- Dislike of water / Refusal
- Anxiety around choosing or ordering food
- Other (please describe in detail)

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**What reasonable adjustments need to be made to improve the experience of the child/ young person? (please tick)**

- Bring in own packed lunch
- Snacks for break times/ grazing during lessons
- Going to lunch early/ stagger mealtimes
- Pre-order food
- Flexibility with food eaten i.e. crisps/chocolate bar.
- Allow milk, squash or juice in preferred cup or bottle
- No monitoring of food eaten
- Quiet areas
- Provide a list of food options in advance.
- Put measures in place to keep social interactions minimal
- Agree ways to encourage drinking at regular intervals
- Seating (eg. Provide wobble cushion or enable standing)
- Reserved seating
- Other (*please describe in detail*):

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### Who was involved in developing this plan?

| Name | Role                   | Signature | Date |
|------|------------------------|-----------|------|
|      | Child/ Young<br>Person |           |      |
|      | Parent/ Carer          |           |      |
|      |                        |           |      |
|      |                        |           |      |
|      |                        |           |      |
|      |                        |           |      |
|      |                        |           |      |

### How frequently will this document be reviewed?

The reasonable adjustments in this document will be implemented and reviewed on a regular basis. (we suggest annually as a minimum)

|                              |  |
|------------------------------|--|
| <b>Date Completed</b>        |  |
| <b>Date Review Due</b>       |  |
| <b>Date Review Completed</b> |  |

### Who should this information be shared with in school?

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