

Nutrition Accommodations in IEPs and 504 Plans for **All** Students

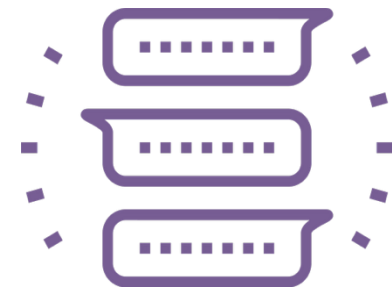
<https://oneop.org/learn/160123/>



Webinar Essentials



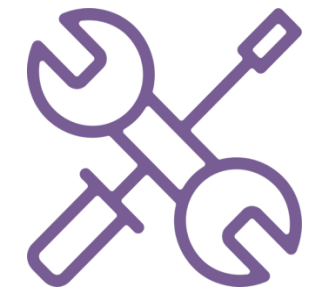
Visit the event page to download a copy of the webinar slides and any additional resources.



Select ***Everyone*** from the drop-down menu when commenting in the chat pod.




This webinar has been approved to offer continuing education credit. Stay tuned for more information!



Email us if you need tech support or have questions.
Contact@OneOp.org

<https://oneop.org/learn/160123/>



OneOp

Readiness. Knowledge. Network.

The views expressed in this presentation do not necessarily reflect the official policy of the Department of War, U.S. Department of Agriculture, U.S. Government or OneOp.

The mention of any entity or product is for informational purposes only.

This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Number 2023-48770-41333.

Today's Presenter

COL Joetta Khan PhD, MPH, RD

*Deputy Consultant to the Surgeon General, Nutrition and Dietetics
Assistant Professor, U.S. Army Baylor Master's Program of Nutrition
Registered Dietitian, Picatinny Arsenal*



About

Dr. Joetta Khan is a Registered Dietitian and public health professional with extensive military and clinical leadership experience.



Nutrition Accommodations in IEPs and 504 Plans for **ALL** Students

COL Joetta Khan PhD, MPH, Professor, Registered Dietitian
Mother to Liv and Mina

The views expressed in this presentation are my own and they do not reflect the position of the United States Army, Department of War, Defense Health Agency, Army Medicine or the United States Government. Any references to programs or specific products are for informational purposes only and are not an endorsement.



OUTLINE

- Key Definitions and Terms
- Feeding Development by Age: 5-18
- Why the IEP and 504 Plan Matter for the Military Child
- Common Conditions with Nutrition Considerations for the IEP/504
 - Team Collaboration
 - Case Study
 - RD Scope of Practice
- General Accommodations
 - Federal vs. State Law
 - Incorporating Nutrition and Feeding in the IEP/504
- Common 504 Plan Meal & Environment Modifications / Accommodations and Example IEP Goals/Short Term Objectives by Age



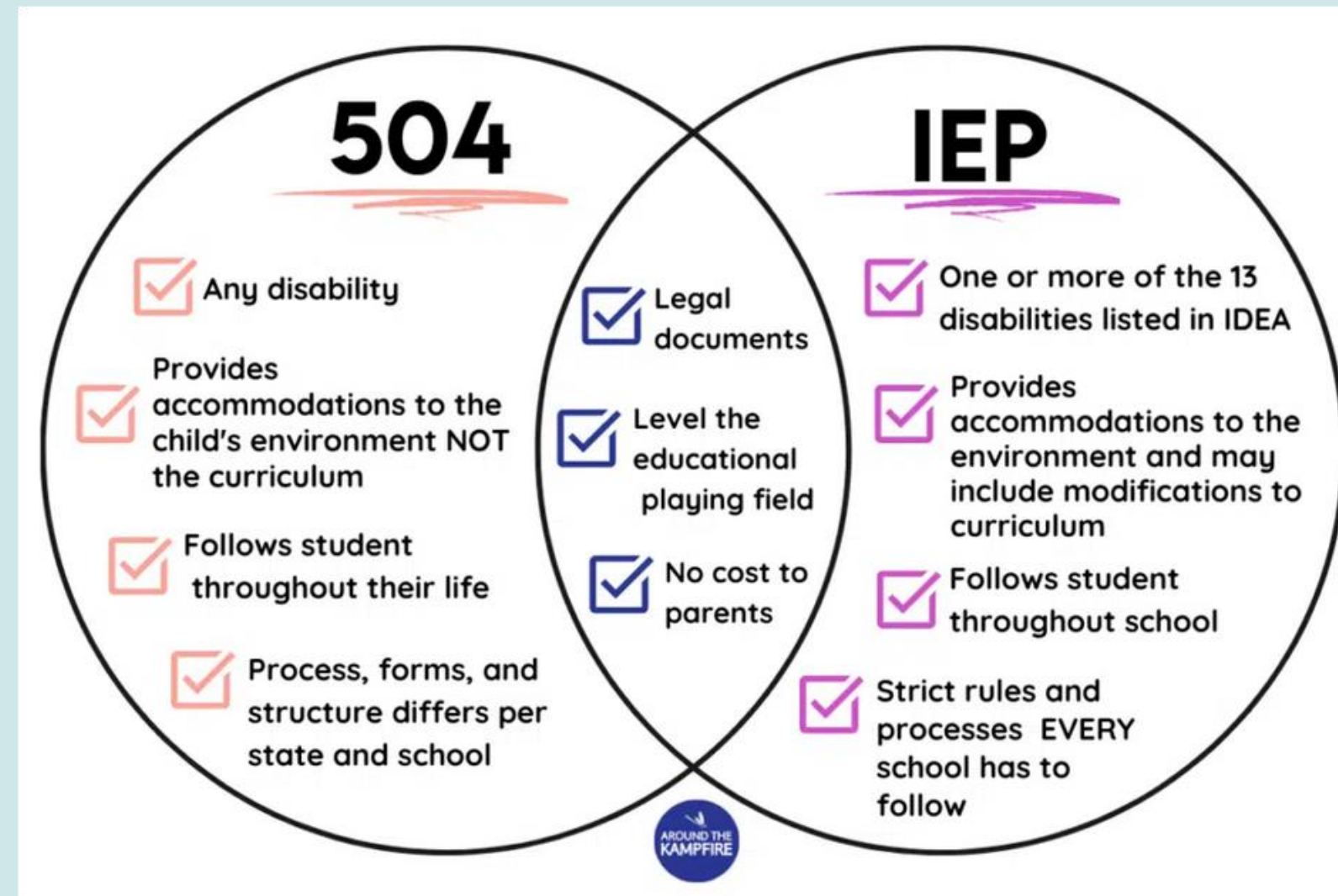
LEARNING OBJECTIVES

- 1.Describe** key definitions related to the Individual Education Plan (IEP) and 504 Plan and similarities and differences.
- 2.Discuss** common conditions that may have a nutrition accommodation component.
- 3.Describe** common meal plan and eating environment modifications to consider for the IEP or 504 Plan.
- 4.Describe** by developmental stage (e.g., elementary, middle and high school) examples of IEP goals & objectives or 504 Plan accommodations.

KEY DEFINITIONS

504 PLAN

Refers to a plan developed to meet the requirements of a federal law that prohibits discrimination against people with disabilities, section 504 of the Rehabilitation Act of 1973. This plan sets out the actions the school will take to make sure the student with a disability is medically safe, has the same access to education as other children and is treated fairly.



INDIVIDUAL EDUCATION PLAN (IEP)

Legally binding written document that outlines a customized educational plan for students with disabilities. Details a student's specific needs, annual goals and special education services, accommodations and support they will receive to ensure they get a free and appropriate public education in the least restrictive environment. Covered by the Individuals with Disabilities Education Act (IDEA).

IEP VS. 504 PLAN

	IEP	504 Plan
Requires measured annual goals with progress reports.	Yes	No
Must include post-secondary transition services.	Yes	No
Requires the child to fit one of 13 categories of conditions requiring extra support.	Yes	No
Has formal, measurable goals.	Yes	No
Requires accommodations to assist free appropriate public education.	Yes	Yes
Requires the school to address health needs of children at risk for severe disease.	Yes	Yes
Can incorporate a health plan to help prevent transmission of disease to vulnerable children (e.g., sanitizing equipment, avoiding shared toys or tools).	Yes	Yes
For children who need special support but not necessarily specialized instruction.	No	Yes
Requires the child to have a record of a physical or mental impairment substantially limiting one or more major life activities.	No	Yes
Provides accommodations beyond kindergarten through 12th grade education at the post-secondary level.	No	Yes

KEY DEFINITIONS



DISABILITY

Under Section 504, an individual with a disability (also referred to as a student with a disability in the elementary and secondary education context) is defined as a person who:

1. Has a physical or mental impairment that substantially limits a major life activity;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

PHYSICAL OR MENTAL IMPAIRMENTS

Section 504 defines a physical or mental impairment as any:

- Physiological disorder or condition,
- Cosmetic disfigurement or
- Anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin and endocrine

KEY DEFINITIONS (CONT.)

Major Life Activities: Include certain acts a person does and a person's bodily functions.

Caring for Oneself

Hearing

Walking

Learning

Concentrating

Performing Manual
Tasks

Eating

Standing

Working

Reading

Seeing

Sleeping

Lifting

Communicating

Others not listed...

Bending

Speaking

Breathing

Thinking

TYPICAL FEEDING DEVELOPMENT AGES 5-18

Age Range	Expected Feeding Skills	Self-Feeding Expectations	Developmentally Appropriate Feeding Abilities
5–6 years	Uses utensils correctly; drinks from open cup without spills	Fully self-feeds all meals	Cuts soft foods with knife; manages mixed textures; follows simple mealtime rules; recognizes hunger/fullness cues
7–8 years	Improved coordination and speed	Independent with minimal supervision	Uses knife and fork together; packs simple snacks; serves self appropriate portions; eats a wide variety of foods
9–10 years	Consistent, mature utensil use	Fully independent	Prepares simple meals (e.g., cereal, sandwich); understands basic nutrition concepts; regulates intake across meals
11–12 years	Efficient and socially appropriate eating	Fully independent	Prepares simple hot foods with supervision; manages mealtime in school/social settings; begins making independent food choices
13–14 years	Adult-like feeding skills	Fully independent	Plans snacks/meals around activities; understands fueling for growth and sports; increased autonomy with portion sizes
15–16 years	Maturing feeding behaviors	Fully independent	Prepares full meals with minimal supervision; understands food safety; adapts intake to schedule, training, or work
17–18 years	Fully mature feeding behaviors	Fully independent	Independently plans, shops for, prepares balanced meals; self-regulates intake; applies nutrition knowledge for health and performance

WHY THE IEP & 504 PLAN MATTER

- When a child moves during a permanent change of station (PCS) this is the new State and School starting point
- Ensures continuity of support and provides a roadmap to the school they are transitioning into
- Legal protections and rights for your child are protected under federal law
- May lead to decreased admin time (e.g., fewer meetings and procedures)
- Allows for resource allocation
- Assists in transitional planning



Common Conditions that May Need Nutrition-Related Accommodations

Focus - Providing a safe and efficient mealtime at school to ensure adequate nutrition and hydration to enable the child to access the curriculum.



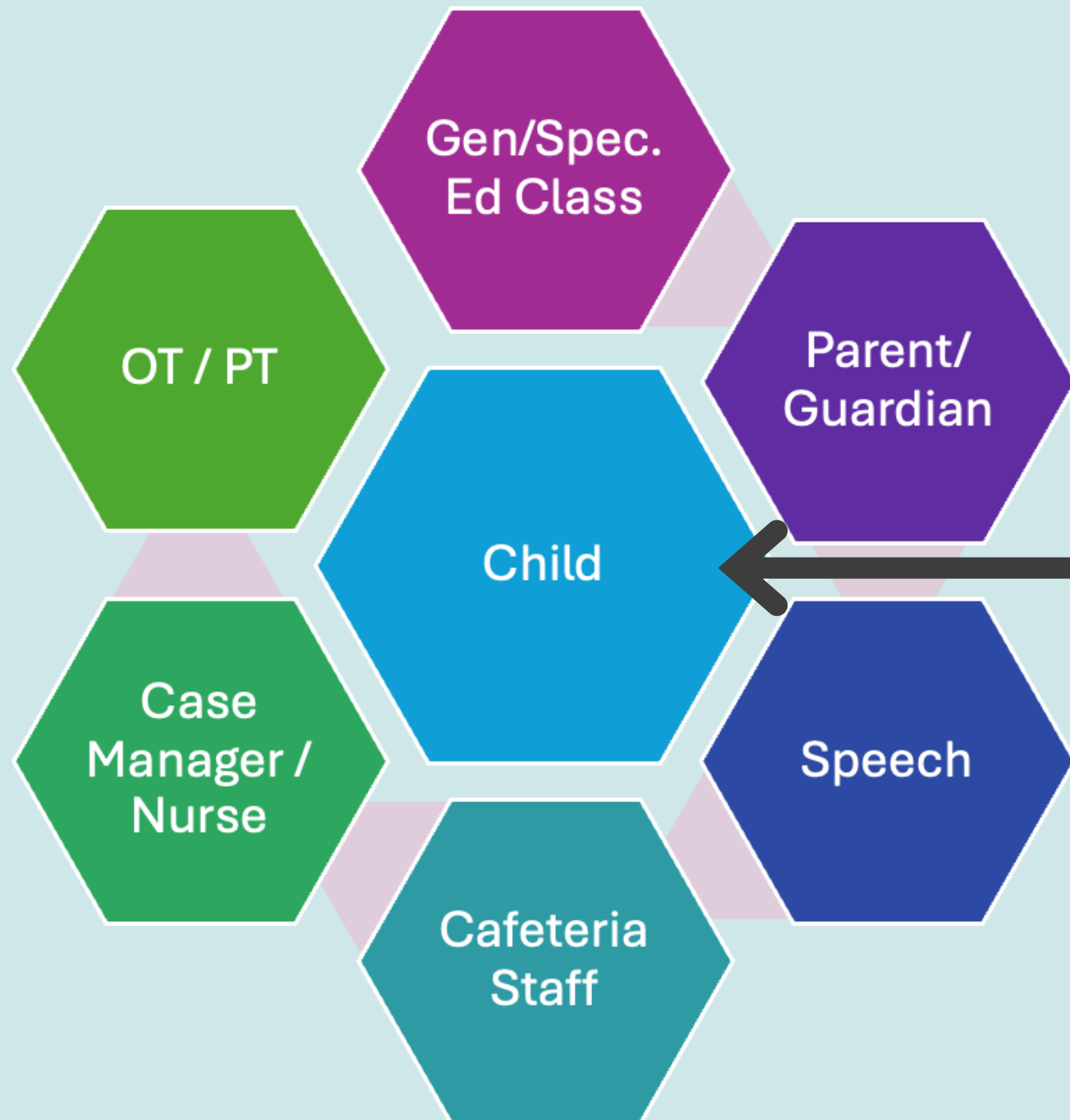
- ADD/ADHD
- Autism
- Allergies (food)
- Brain Injuries
- Cancer
- Celiac Disease
- Cystic Fibrosis
- Diabetes

- Epilepsy
- Genetic Conditions
- Lactose Intolerance
- Phenylketonuria
- Obesity

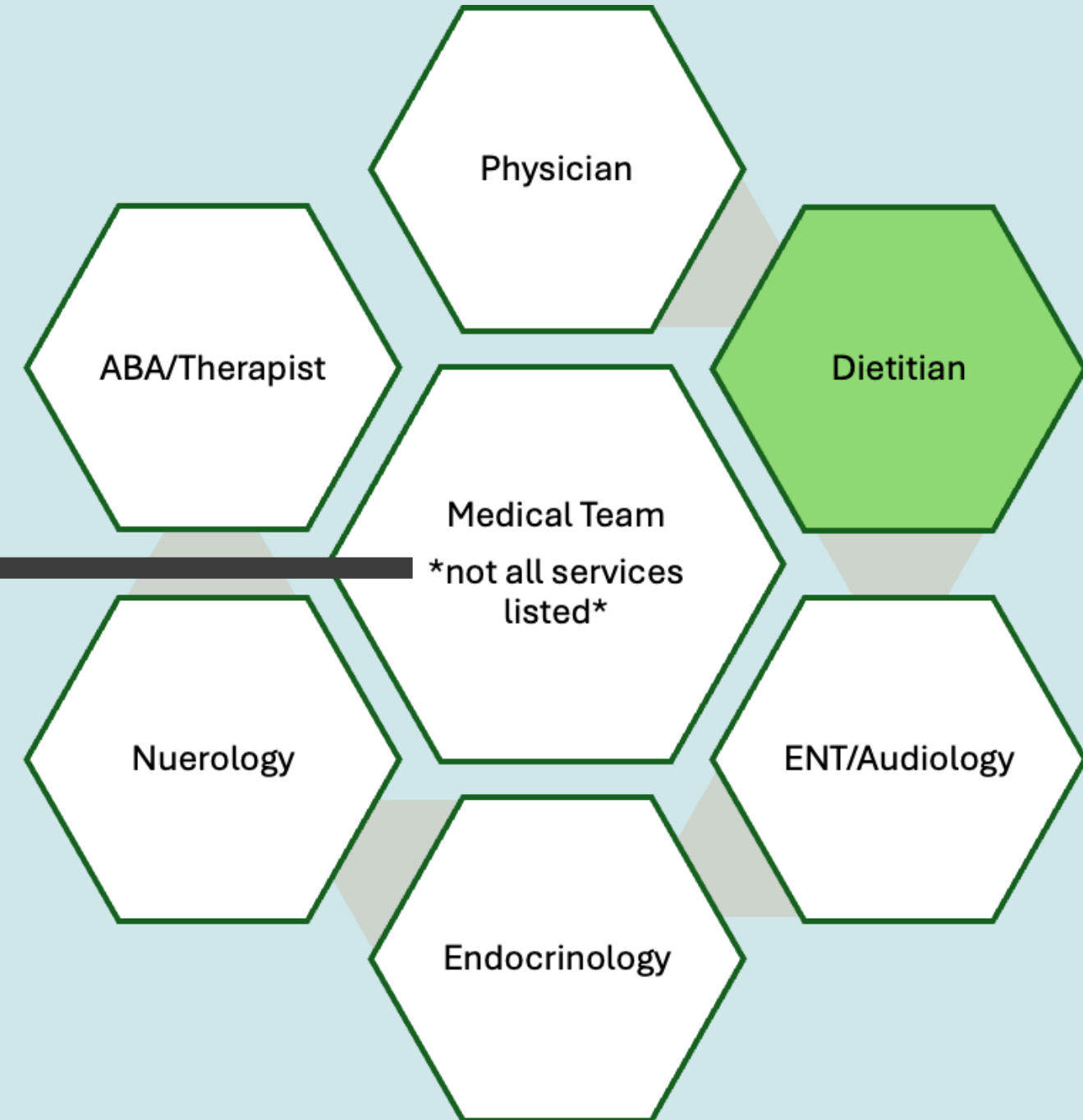
- Anorexia/Bulimia
- Crohn's Disease
- Eosinophilic Esophagitis
- Swallowing Challenges
- Tube Feeding
- Many others...

TEAM COLLABORATION

Education Support



Medical Support



CASE STUDY... FIRST GRADE STUDENT

Case History

- Recently relocated from Maryland Kindergarten program to TX 1st grade program.
- Minimal verbal skills, combo of gestures, signs and approximations, slow eater, some choking risk, needs support with cutting foods, using utensils, etc.
- Parents report that child was a “good eater,” “followed schedule with no lunchroom concerns,” “independent food choice or lunches from home.”
- **Behavior challenges at TX school:** “crawling under the table,” “running away from teachers,” “not lining up at the end of lunch,” “not eating food,” CG had a really bad choking instance while under the table, which led to a meeting with the parents.

Additional Information from Parent-School Meeting

- Lunch period was 30 min but shortened to 15 min with walk to lunchroom, meal and seat choice.
- CG often had to wait for someone to open packaging (due to limited fine motor skills).
- Bell would ring and CG would start to go under the table, taking food with them and refusing to come out
- At the end of the lunch period (when the bell rang) the lunch monitor would grab the food and throw it away, lining the kids up.
- CG could not attend to lessons in the afternoon and often signed to the teacher they wanted to eat but snacks were not allowed in the classroom due to another student’s allergy risks.

CASE STUDY... FIRST GRADE STUDENT

Home & Family Accommodations & Adjustments

- *Family*
 - Packed lunches that CG could open independently.
 - Modified the texture of all foods to minimize chewing effort (due to time constraints) and minimize choking risk.
 - Pack allergy free snacks (based on guidance from the school).



Accommodation & Team Collaboration

- *School*
 - Lunch time accommodations (always the full 30 min) leave classroom early or stay in the cafeteria longer.
 - Ask CG if they are finished prior to taking the food and tossing it; work with CG to self-identify when finished and toss own food.
 - Provide opportunity for a snack in the afternoon if CG signs, they want to eat.

FROM THE ACADEMY

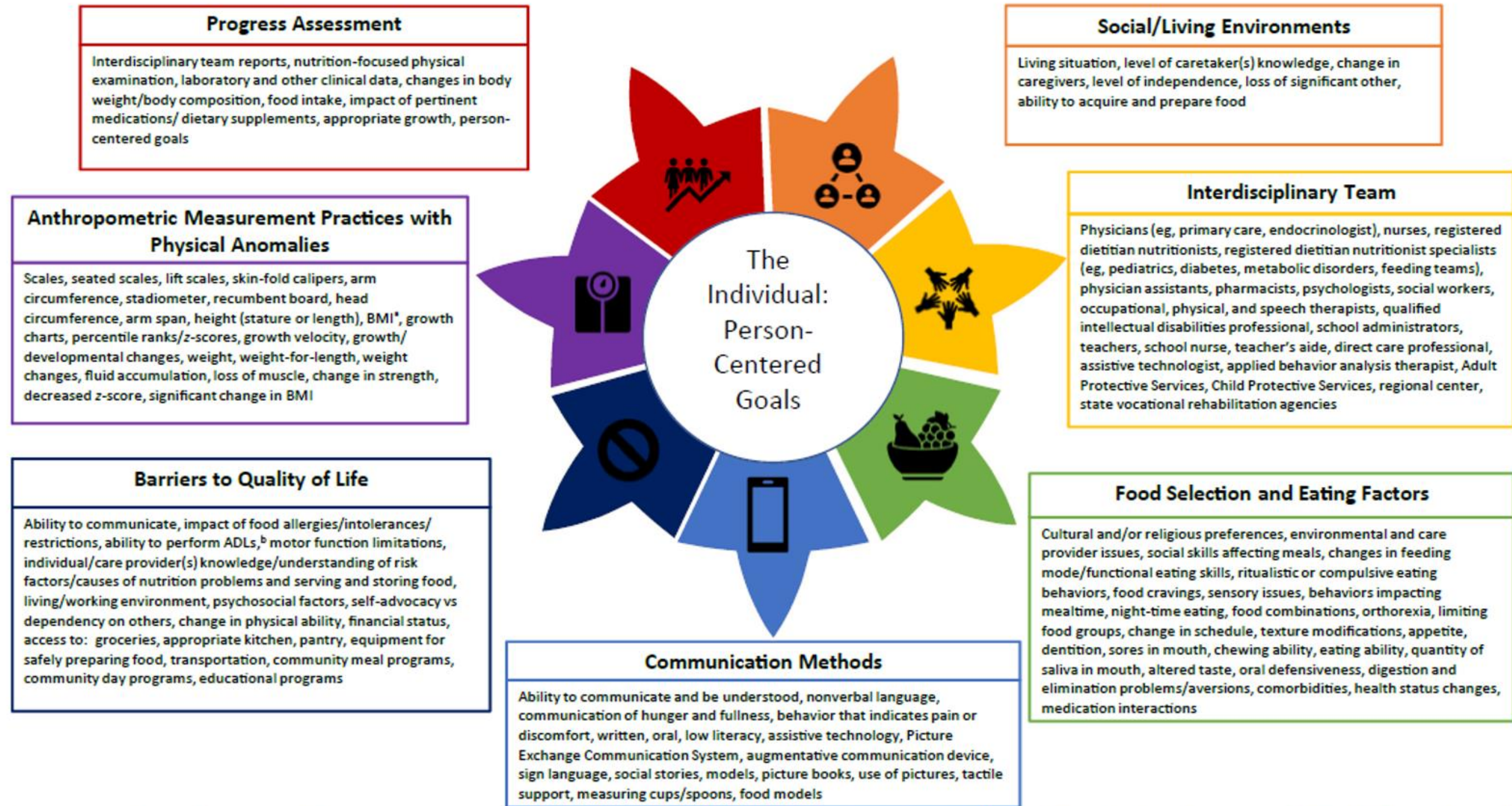


Figure 5. Considerations for person-centered goal-setting for individuals with intellectual and developmental disabilities (not all inclusive). ^aBMI = body mass index (calculated as kg/m²). ^bADL = activity of daily living.

GENERAL ACCOMMODATIONS

- Made on a Case-by-case basis and individualized
- Intended to provide the person with disabilities compensation for their functional limitation(s) due to an impairment.
- **Goal:** Bring a student with a disability to the same starting point as a non-disabled student



Environment
Strategies



Organizational
Strategies



Behavioral
Strategies



Presentation
Strategies



Evaluation
Methods



Environment Strategies

- May provide a structured learning environment (schedule).
- May have separate spaces for different types of tasks (centers).
- Non-academic adaptations (lunch, recess and physical education).
- Student seating adjustments.
- Location adaptations for supplies or personal items.
- Sensory breaks or privacy accommodations.
- Written or picture schedule.



Organizational Strategies

- **Model and reinforce organizational systems (i.e. color-coding, packing).**
- Write out homework assignments, check student's recording of assignments.
- Tailor homework assignments toward student strengths.
- **Set time expectations for assignments and other activities (e.g. snack or lunch).**
- **Provide clues such as clock faces indicating beginning and ending times.**
- Teach study/organizational skills.
- Schedule before or after school tutoring/ homework assistance.



Behavioral Strategies

- **Use behavioral management techniques consistently within a classroom and across classes.**
- **Implement behavioral/academic contracts.**
- **Utilize positive verbal and/or nonverbal reinforcements.**
- **Utilize logical consequences.**
- Confer with the student's parents (and student as appropriate).
- **Establish a home/school communication system for behavior monitoring.**
- Post rules and consequences for classroom behavior.
- Put student on daily/weekly progress report/contract.
- **Reinforce self-monitoring and self-recording of behaviors.**



Presentation Strategies

- Tape lessons so the student can listen to them again; allow students to tape lessons.
- Use computer-aided instruction and other audiovisual equipment.
- Select alternative textbooks, workbooks, or provide books on tape.
- Highlight main ideas and supporting details in the book.
- Provide copied material for extra practice (i.e. outlines, study guides).
- Prioritize drill and practice activities for relevance.
- Vary the method of lesson presentation using multi-sensory techniques:
 - lecture plus overhead/board demonstration support
 - small groups required to produce a written product
 - large groups required to demonstrate a process
 - computer-assisted instruction
 - peer tutors or cross-age tutors
 - demonstrations, simulations
 - experiments
 - games



Evaluation Methods

- Limit amount of material presented on a single page.
- Provide a sample or practice test.
- Provide for oral testing.
- Provide tests in segments so that student hands in one segment before receiving the next part.
- Provide personal copy of test tools and allow for color-coding/highlighting.
- **Adjust time for completion.**
- Modify weights of tests when grading.

FEDERAL VS. STATE MEDICAL STATEMENTS & DIETARY REQUIREMENTS

Federal Requirements

- Medical Statements from a licensed healthcare professional
- Outline the nature of the child's condition
- Specify the dietary restrictions
- Recommend appropriate substitutions or modifications

State Requirements

- Vary by state
- May address planning, food preparation and communication protocols
- May address or mandate professional development opportunities for school staff



INTEGRATING FEEDING INTO IEP

Feeding Goals/ Nutritional Needs



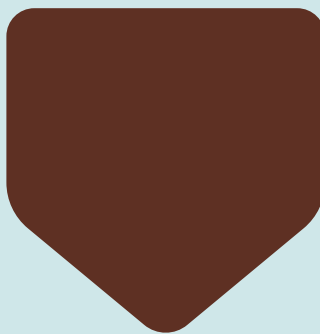
- Assess current performance
- Determine rationale for current and future context
- Assess real-world context

Short-Term Objectives (STOs)



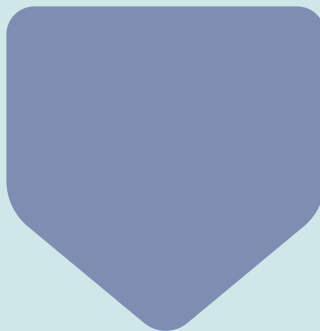
- Logical steps to reaching feeding goals
- Positive, motivating opportunities
- Conditions, behaviors/skills required for mastery

Integrate Feeding Goals & STOs



- Target skills identified in functional curriculum
- Use specialized interventions and strategies
- Implements short term objectives (STO) in classroom and community setting

Monitor Progress



- Data collection (generated quarterly)
- All team members determine progress and needed adaptations
- Review performance to adjust goals and STOs

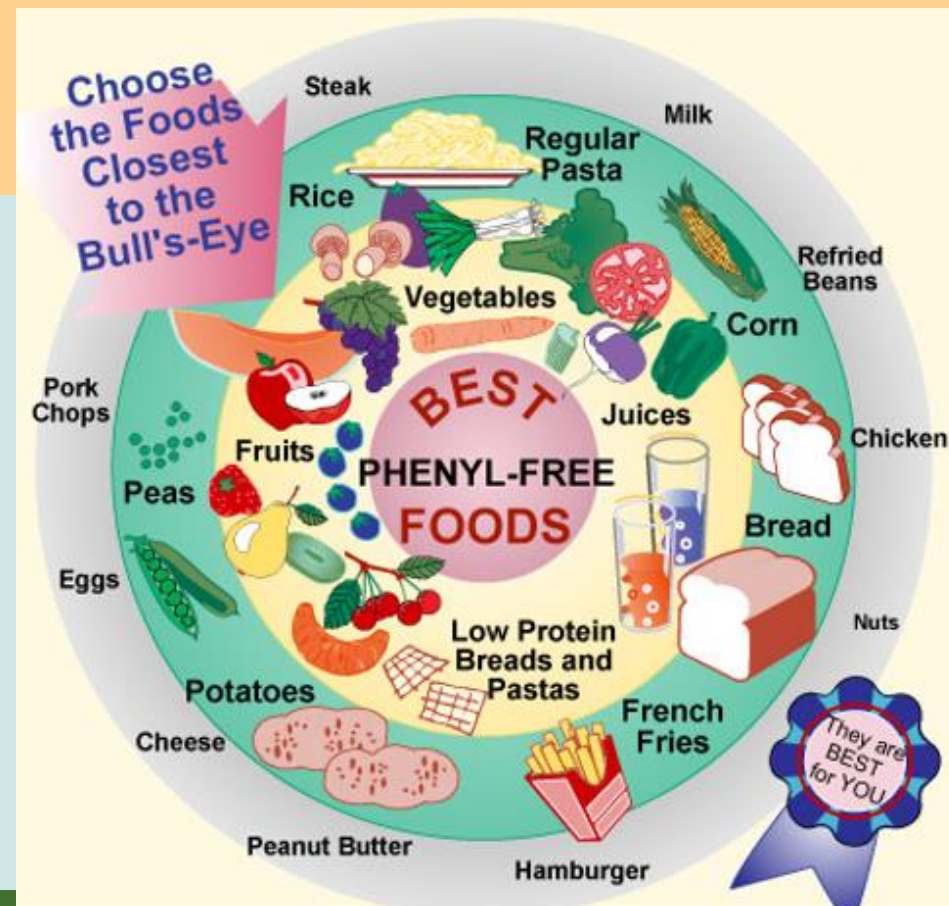
Common 504 Plan Meal & Environment Modifications/ Accommodations & Example IEP Goals/ STOs by Age

- Dietary Restrictions
- Meal Composition
- Meal Timing
- Safe Meal Preparation
- Substitute Foods
- Staff Training
- Emergency Procedures
- Communication



Dietary Restrictions

- Plan that outlines the student's specific dietary restrictions.
- Identifies food allergies or intolerances.
- Highlights what foods should be avoided.



Graphic. University of Washington's Dietary Graphic for Individuals with PKU

Accommodation Examples

- School menu labeling system identifies food allergies or intolerances or other ingredients included on menu.
- School provides a list of menu items to parent or student of what foods should be avoided.
- School develops an allergen free area for students (and their guests) to eat.
- School provides education to cafeteria staff on cross contamination, use of an Epi-pen and identification of food allergy reactions.
- School communicates home compliance or proposed changes to comply with food restrictions.

Dietary Restrictions/STO Examples

Elementary

**Restricted to purees*

- X will continue oral stimulation activities to participate in age-appropriate eating activities.
 - **STO 1:** Given a feeding chair, Chewy Tube, and physical assistance, X will tolerate the Chewy Tube placed inside her mouth and rubbed against her top and bottom teeth for at least 15 seconds during two of three daily opportunities for 5 consecutive days.
 - **STO 2:** Given Feeding Chair and physical assistance and praise, X will use her tongue to taste pureed fruits placed on her lips during 2 of 3 opportunities for 4 of 5 days for 2 weeks.

Middle School

**Allergies*

- X will improve their ability to independently identify and choose foods that are not part of their dietary restrictions
 - **STO 1:** Given a deck of food labeling cards, X will identify the different food allergy labels on 5/5 occasions.
 - **STO 2:** Given the opportunity to go through the cafeteria line with supervision, X will use the labeling system to choose foods that are safe (e.g., avoiding dairy, fish and nuts) each day at lunch for 10 days.

High School

**Diabetes*

- X will improve their ability to independently manage their carbohydrate intake and insulin dosing.
 - **STO 1:** Given a deck of food items from the school menu, X will correctly identify items that contain carbohydrates 75% of the time from the 21-day menu.
 - **STO 2:** Given the glucometer reading and support from the school nurse, X will correctly identify the amount of insulin needed to treat blood sugars 4/5 times over a two-week period.

Meal Timing Modifications

- Plan will detail meal timing accommodations.
- Plan will detail scheduling of snacks and meals.

Accommodation Examples

- School will ensure X has a full 30 minutes to consume meal.
- School will use a visual clock system to assist X with knowing when it is time to transition for meals to and from the lunchroom.
- Child will have a snack at 1000, lunch at 1200 and snack at 1400 to enable management of blood sugars.
- Child will be provided a list of classroom safe snacks.



Meal Timing Goals/STO Examples

Elementary

**Adequate time for meals*

- **X** will finish their lunch meal within the 30-minute mealtime period.
 - **STO 1:** Given a visual schedule and verbal cues, **X** will finish their meal within the 30-minute time on 3/5 days for a three-week period.
 - **STO 2:** Given easy to open containers and pre-cut foods, **X** will consume 50% of their meal within 20 minutes of entering the lunchroom.

Middle School

**Type 1 DM*

- **X** will maintain blood glucose levels within normal limits
 - **STO 1:** Provided with classroom breaks and storage areas, **X** will eat a snack at 10 am and 2 pm on at least 4 out of 5 days at school.
 - **STO 2:** Given a hall pass, **X** will report his blood glucose levels to the school nurse every Fri morning with 90% compliance.

High School

**Cancer*

- **X** will develop stamina for attending full day of school.
 - **STO 1:** Given classroom breaks and storage space, **X** will carry 1-2 snacks to school to ensure support energy needs and consume the snacks 50% of the time.
 - **STO 2:** Given access to the water fountain and extra bathroom passes, **X** will carry a 32-ounce water bottle daily and will consume 75% of the water 5 days per week.

Meal Composition Modifications

- Plan details how meals should be modified to meet the student's needs (e.g., texture modifications).
- Gluten-free meals, free from allergens, free from lactose.
- Sugar free or reduced carbohydrate meals.

Accommodation Examples

- School menu labeling system identifies foods free from gluten, lactose, and labels sugar free or reduced carbohydrate foods.
- School provides a list of menu items to parent or student.
- High calorie / Low calorie and/or Texture Modifications available for food items.
- School provides education to cafeteria staff on cross contamination, use of an epi-pen and identification of food allergy reactions, proper food texture modification, education on choking risks.
- Lunchroom monitor provided to ensure safe texture modification.



Meal Composition Goals/STO Examples

Elementary

**Texture modification - soft*

- **X** will improve his self-feeding skills to promote independence.
 - **STO 1:** Given soft foods, **X** will use both hands to feed himself a min of two lunches per week for two weeks.
 - **STO 2:** Given utensils with texture grip **X** will use both hands to enable 75% of food to reach his mouth a min. of two lunches per week for two weeks.
 - **STO 3:** Given the opportunity to go through the lunch line with verbal cues, **X** will choose texture soft foods at lunch 5 consecutive days in a 3-week period.

Middle School

**Increased calories*

- **X** will eat a high-calorie, pureed diet at school to support her weight and growth.
 - **STO 1:** **X** will drink 4 ounces of an energy-dense / high protein supplement with her school breakfast 75% of the time.
 - **STO 2:** **X** will eat school lunch supplemented with energy-dense additives (e.g. cheese, powdered milk, gravy) 75% of the time.

High School

**Reduced calories*

- **X** will eat more calorie appropriate lunch and snacks at school to support weight maintenance.
 - **STO 1:** **X** will choose reduced calorie snacks on 4/5 occasions to include (fruits or vegetables).
 - **STO 2:** **X** will choose reduced calorie sides with breakfast (e.g., yogurt or fruit) 3 out of 5 days.

Substitute Foods

- Plan identifies appropriate food substitutions based on dietary restriction.

Food	Low Calorie	High Calorie	Texture
Hamburger	No change	Add Cheese	Chopped Meat
Milk	Low Fat or Fat Free	Whole	Use Thickener
Broccoli	No Change	Add Cheese/Margarine	Well-Cooked & Mashed

Accommodation Examples

- School menu highlights alternative food items/food substitution based on dietary restriction (e.g., vegan, gluten free, dairy free, etc.).
- School menu highlights low vs. higher calorie options.



CONSIDERATIONS FOR ALL 504 PLANS

Staff Training

- Plan may specify that cafeteria staff, teachers and other school personnel receive training on food safety and handling for students with food allergies and other special dietary needs.

Emergency Procedures

- Plan outlines emergency procedures for students with severe allergies.
- May include use of an EpiPen or other medical interventions in the event of an allergic reaction.

Communication w/ Parent/Guardian

- Plan outlines the process of communication between the school and the student's parent or guardian regarding any changes.
 - Student's diet
 - Meal substitutions
 - Food safety issues

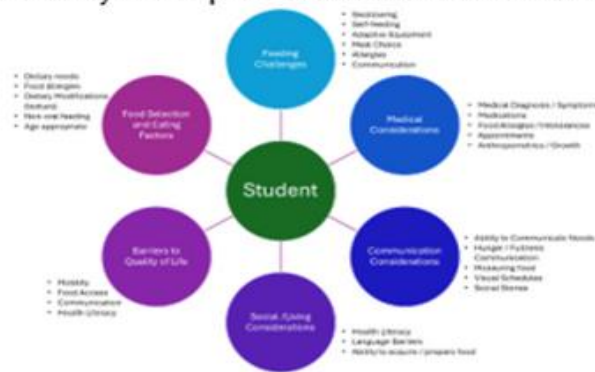


IEP GOAL/STO WORKSHEET

Nutrition and Feeding Goals in the IEP / 504 Plan

Step 1: Identify the Nutritional or Feeding Needs

A multi-disciplinary medical, educational and family team should assess the student's specific nutrition and feeding needs. Common examples stem from conditions such as diabetes, swallowing difficulties, food allergies, gastrointestinal disorders or developmental disabilities. These needs may change over time. Use the graphic below to ensure you complete a full assessment of the nutritional or feeding needs.



List out Assessed Needs:

Parent Concerns:

Step 2: Create Nutrition/Feeding-Related Goals

Goals should be measurable and achievable and based on the students identified nutrition and feeding needs. Include a brief explanation of the importance of the goal and connect it to the specific outcome. Many times, these goals can be directly related to the educational or community environment. (e.g., X will maintain blood glucose levels within normal limits to increase independence, X will choose allergen free foods at lunch to increase independence, X will continue oral activities to participate in age-appropriate eating activities).

Goal:

Step 3: Create Short Term Objectives (STOs) to support the Goals

STOs should be created in logical steps to help the child meet their goals, they should be SMART (Specific, Observable, Measurable, Realistic and Timebound) and they should include one or more conditions specifying the assistance the student should receive (amount and type of support). (e.g., Given a feeding chair, Chewy Tube, and physical assistance, X will tolerate the Chewy Tube placed inside her mouth and rubbed against her top and bottom teeth for at least 15 seconds during two of three daily opportunities for 5 consecutive days or Given the glucometer reading and support from

the school nurse, X will correctly identify the amount of insulin needed to treat blood sugars 4/5 times over a two-week period.)

Identify Supports Available (e.g., feeding tools, special chairs, school nurse support, hand over hand, etc.):

STO 1: _____

STO 2: _____

STO 3: _____

Step 4: Identify Emergency Procedure, Communication and Staff Training Needs. These needs should be based on the initial assessment. These needs are impactful in supporting the educational system to support the child and create a safe environment.

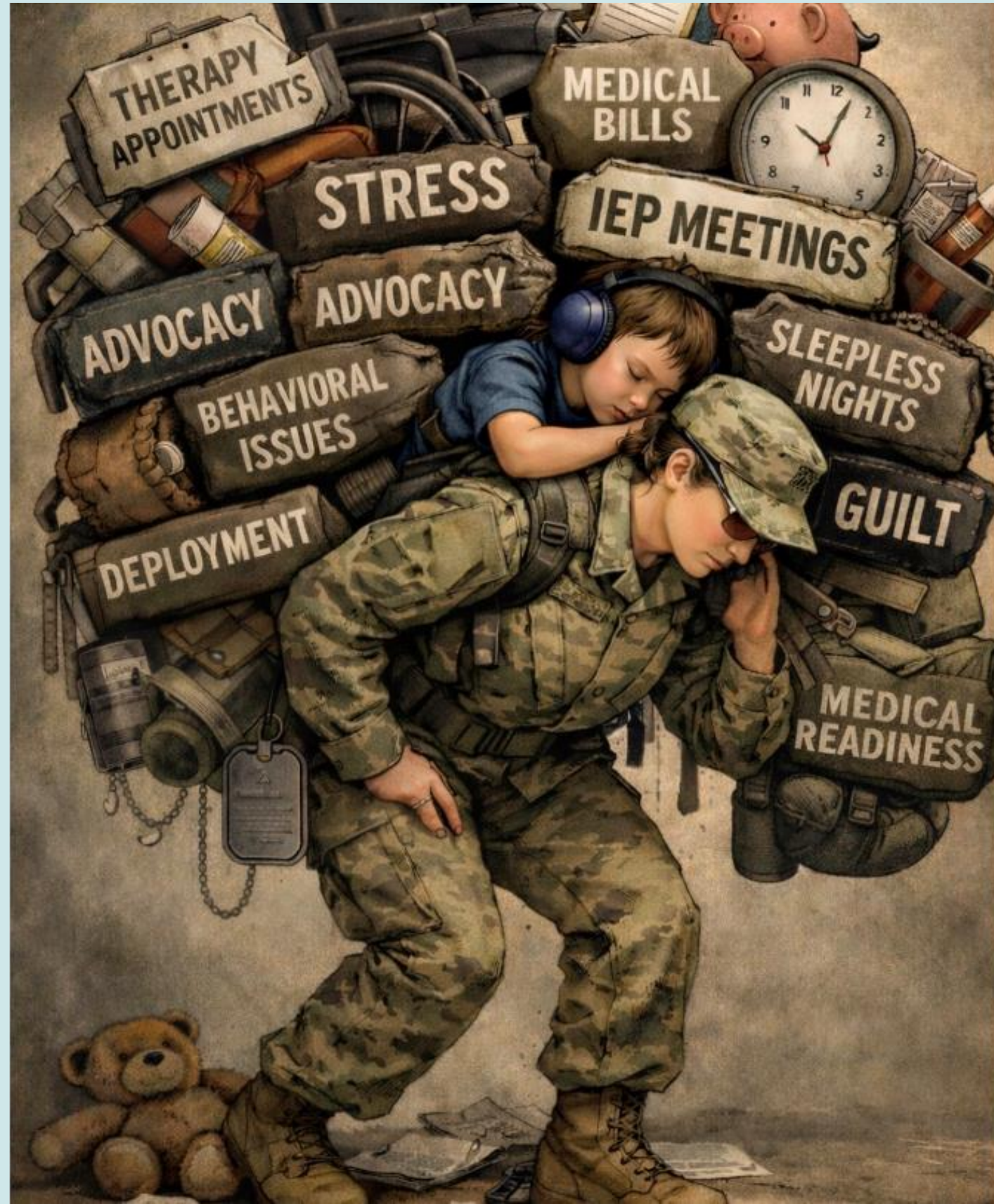
Emergency Procedure Needs: _____

Communication Needs: _____

Staff Training Needs: _____

The point of contact for this Nutrition and Feeding related goal is the undersigned and may be reached at (PHONE/EMAIL).

Provider Name
 Provider Credentials
 Provider Contact



Source: Chatgpt

REFERENCES

American Diabetes Association (ADA). (2025) *Sample Section 504 Plan*. Accessed 12 December 2025 at <https://diabetes.org/sites/default/files/2025-01/SAS25-504-Plan-Final.pdf>

American Speech-Language-Hearing Association (ASHA). *Pediatric Feeding and Swallowing*. <https://www.asha.org/practice-portal/clinical-topics/pediatric-feeding-and-swallowing/> . Accessed 12 December 2025.

American Speech-Language-Hearing Association. (n.d.). Feeding and Swallowing Milestones. Retrieved from ASHA developmental milestones documents. (ASHA)

American Speech-Language-Hearing Association. (n.d.). Feeding and Swallowing Milestones: 12–18 Months; 18–24 Months; 2–3 Years. (ASHA)

Ares G, De Rosso S, Mueller C, Philippe K, Pickard A, Nicklaus S, van Kleef E, Varela P. Development of food literacy in children and adolescents: implications for the design of strategies to promote healthier and more sustainable diets. *Nutr Rev*. 2024 Mar 11;82(4):536-552. <https://pubmed.ncbi.nlm.nih.gov/37339527/>

Arkansas Collaborative Consultants. Division of Elementary and Secondary Education. Office of Special Education. (2024). *Guide for Supporting Pediatric Feeding Disorders in Arkansas Schools*. https://www.emilyhomer.com/wp-content/uploads/2024/05/FeedingDisorders_EmilyHomer_spring2024.pdf Accessed 12 December 2025.

Bateman, D. *504 Accommodations Guide*. <https://www.psea.org/contentassets/ac6695903bd94d27aa14e85c3a12d90e/504-accommodations-guide.pdf>

REFERENCES

Burns DA and Thompson SD. (2014). Turning Mealtimes into Learning Opportunities: Integrating Feeding Goals into IEPs. *Teaching Exceptional Children, Volume 46, No. 6.*, pp. 179-186. July/August 2024.

Case-Smith, J., & O'Brien, J. C. (2014). *Feeding Intervention*. In Occupational Therapy for Children and Adolescents. Mosby. (via occupational therapy feeding checklist) <https://www.cdotservices.com>

Conway, C., Lemons, S. and Terrazas L. (2020) Academy of Nutrition and Dietetics: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities. *Journal of the Academy of Nutrition and Dietetics, 2020-12-01, volume 120, Issue 12*, pages 2061 – 2075.e57. <https://doi.org/10.1016/j.jand.2020.08.094>

Department of Defense. (2015) DODM 1342.12. Implementation of Early Intervention and Special Education Services to Eligible DoD Dependents. <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/134212p.pdf>

Developmental milestones free resource — SOS Approach to Feeding. Accessed 1.7.2026 from <https://sosapproachtofeeding.com/developmental-milestones-free/>

Hardy A. (2025). Nutrition in Early Intervention. The Role of the Special Instructor Nutritionist. Today's Dietitian.

Kunselman, S. (2024). *Nurturing Every Child: Understanding Special Dietary needs and School Inclusion*. Accessed 12 December 2025 at <https://www.wellness-speaks.com/blogs/nurturing-every-child-understanding-special-dietary-needs-and-school-inclusion>

Military Interstate Children's Compact Commission. Accessed 12 December 2025 at <https://mic3.net>

REFERENCES

Nutrition and Nourishment Collective (2025). Key components of IEP Nutrition-Related Goals and Objectives. Accessed 12 December 2025 at <https://www.nutritionnc.com/iep-nutrition/>

Pediatric nutrition guidance (e.g., AAP nutrition chapters). (AAP Publications)

Pillai R and Branch JM. (2023) IEPs and 504 Plans: A guide for Parents. https://www.healthychildren.org/English/health-issues/conditions/developmental-disabilities/Pages/Individualized-Education-Program.aspx?gad_source=1&gad_campaignid=69654055
Accessed 12 December 2025.

Thaner C. (2015). The Art of Advocacy – A Parent’s Guide to a Collaborative IEP Process.

United States Department of Education. Office of Civil Rights. (2016) Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools. Accessed 12 December 2025 at <https://www.ed.gov/sites/ed/files/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>

Wittenbrook W, Corkins KG (2021). Pocket Guide to Children with Special Health Care and Nutritional Needs, 2nd Edition. Academy of Nutrition and Dietetics, 120 South Riverside Plaza, Suite 20000, Chicago, IL 60606.

THANK YOU & QUESTIONS



joette.m.khan.mil@health.mil

Evaluation

Go to the event page and click the link to take our evaluation and post-test!

CONTINUING EDUCATION

Your input helps shape stronger, more effective learning events.



Continuing Education

This learning event has been approved for **1.0** continuing education credits from the following organizations:

- Board Certified Patient Advocates
- Board Certified Case Managers
- Board Certified Disability Management Specialists
- Certified Family and Consumer Sciences
- Certified Family Life Educators
- Certified Health Education Specialists
- Certified Nutrition and Wellness Educator and Master Certified Health Education Specialist
- Registered Dietitian Nutritionists and Nutrition and Dietetics Technicians, Registered
- Social Workers, LPC, LMFTs
- Certificates of Attendance



Key Ethical Implications of Substitute Decision-Making & Guardianship

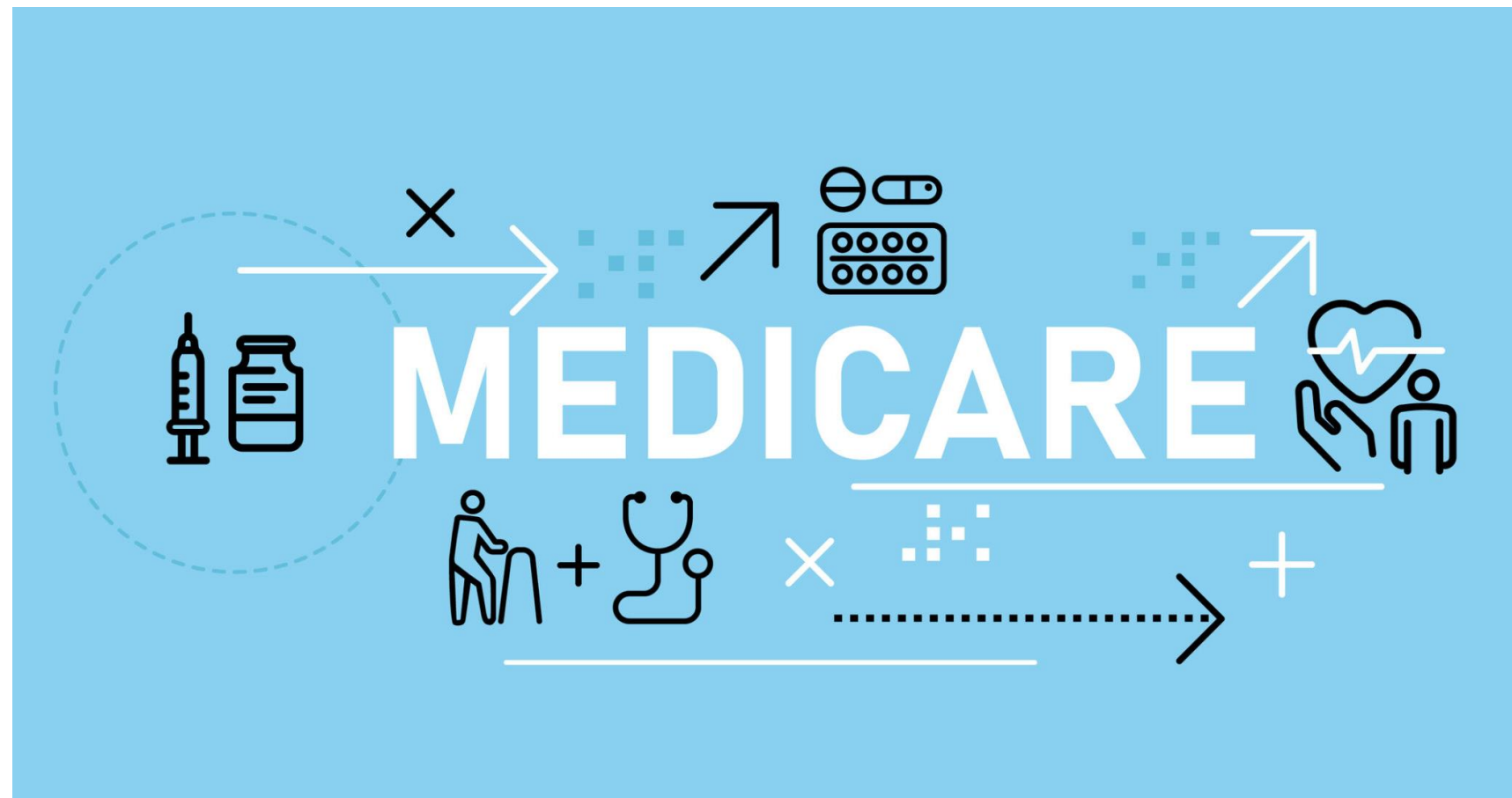
March 18, 2026

This webinar provides an in-depth examination of the ethical, legal, and clinical complexities that emerge when individuals cannot make decisions for themselves.

<https://oneop.org/learn/160128/>

Upcoming Webinar: Open for Registration

Direct-to-Learning



Medicare Made Simple: What Caregivers and Providers Need to Know Now

The session explains the different parts of Medicare: Part A (hospital care), Part B (outpatient and routine medical services), Part D (prescription drugs), and Part C/Medicare Advantage (bundled plans offered through private insurers).

<https://oneop.org/learn/160124/>

Become a Powerful Provider With OneOp

Join Our Email List!



SCAN ME

- Access a wide range of **free, expert-developed resources** to build your professional skills.
- Stay engaged with the latest insights and upcoming events **by following us on social media.**
- **Join our emailing list** to receive webinars and CE opportunities straight to your inbox.

