Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

August 2023

Dear Families,

The district's ELA department strives to provide and support a comprehensive core curriculum program to the teachers, students, and families of Hillsborough County Public Schools. The state approved, district-adopted core curriculum for Grades K-5 Language Arts and Reading is Wonders, by McGraw Hill: https://tinyurl.com/K-5McGrawHillTexts. Prior to adoption, this curriculum underwent three reviews and vetting processes: the initial review to be placed on the state-approved list, the second review conducted by the district adoption committee followed by a vote from teachers, and the third review when the curriculum was made available to the public for 30 days following a School Board vote. Additionally, sample booklists were written into the Florida B.E.S.T. Standards for ELA and may be included as a part of instruction: https://tinyurl.com/BESTELAbooklist.

Because of the nature of literacy instruction, it is necessary for there to be inclusion of additional various texts to support students' understanding around key topics of study and to strengthen their overall comprehension skills in alignment with the state standards. These supplemental texts are diverse in nature and theme, span a variety of complexity, and promote rich discourse in the classroom setting. Below is a QR code that will take you to a list of supplemental texts by grade level that will be utilized during instruction throughout the year. This QR code can be scanned from your mobile device by opening the Camera App. Hold the device so that QR code appears in the camera, then tap the notification to open the link.

We are excited to share these titles with students this year in addition to their core texts. However, we understand there may be times when students and/or families have concerns about a text and request that the student not participate in the reading of such material. Please review these titles and determine if there are any that you wish your child to Opt-Out from reading. Note, an alternative text with aligned tasks and assignments will be provided. On the second page of this document, please list any of the texts you would not like your child to read. Sign and return the second page of this letter to your child's teacher only if you have listed titles from which to Opt-Out. If you have not listed any titles, you do not need to return the form.

Should you have any questions regarding the use of any of these texts, or about the adopted core curriculum, please feel free to contact me at (813) 272-4936.

Sincerely,

Amanda Newman, K-5 Literacy Supervisor

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

K-5 ELA Supplemental Book Opt-Out Form

I have reviewed this overview of the K-5 ELA text titles with my child. I am aware of the texts that will be used as part of the carefully planned instructional program, but I would prefer that my child not participate in the reading of the titles listed in the space below:

Please sign below and return to your child's teacher.

_____ _____
Parent Signature Date

_____
Student Name (Please Print)

Connect with Us • HillsboroughSchools.org • P.O. Box 3408 • Tampa, FL 33601-3408
Raymond O. Shelton School Administrative Center • 901 East Kennedy Blvd. • Tampa, FL 33602-3507
Department of Literacy Education • (813) 272-4455

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Agosto 2023

Estimados padres de familia:

El departamento de lectura del distrito escolar del condado de Hillsborough se esfuerza en proporcionar y apoyar un programa de estudio integro para nuestros maestros, estudiantes y familias. El currículo principal aprobado por el estado y adoptado por el distrito para los grado K - 5° en las clases de lectura es Wonders, desarrollado por McGraw Hill: https://tinyurl.com/K-5McGRawHillTexts. Antes de la adopción, este currículo fue sometido a tres revisiones mediante un proceso de investigación: la revisión inicial fue para ser colocado en la lista aprobada por el estado, la segunda fue realizada por el comité de adopción del distrito seguido por un voto de los maestros, y la tercera fue cuando el plan de estudios se puso a la disposición del público durante 30 días seguida por una votación de la junta escolar. Adicionalmente, muestras de la lista de libros fueron incluidos dentro de los Florida B.E.S.T Standards, que son los estándares de lectoescritura del estado de la Florida. Por lo tanto, podrán ser incluidos como parte de nuestro currículo: https://tinyurl.com/BESTELAbooklist.

Debido a la naturaleza de la instrucción de lectura, es necesario que haya inclusión de varios libros adicionales para apoyar la comprensión de los estudiantes sobre temas claves de estudio y fortalecer sus habilidades de comprensión general en alineación con los estándares estatales. Estos textos suplementarios son diversos en naturaleza y tema, abarcan una variedad de complejidad y promueven un discurso profundo en el aula. Adjunto se encuentra un código QR que los llevará a una lista de textos suplementarios por nivel de grado. Estos se utilizarán dentro la instrucción el año entrante. El código QR puede ser activado por medio de la cámara en su dispositivo móvil. Sostenga el dispositivo para que aparezca el código QR en la cámara, luego toque la notificación para abrir el enlace.

Estamos entusiasmados de compartir estos títulos con los estudiantes este año, además de sus libros principales. Sin embargo, entendemos que puede haber ocasiones en cual los estudiantes y/o las familias tengan inquietudes sobre un texto y soliciten que el estudiante no participe en la lectura de dicho material. Favor de revisar estos títulos para poder determinar si hay alguno que desee que su hijo opte por no leer. En el espacio a continuación, anote esos títulos. Tenga en cuenta que se proporcionará un texto alternativo con tareas y asignaciones alineadas. En la segunda página de este documento, por favor de anotar cualquier texto que no le gustaría que su hijo/a leyera. Firme y devuelva la segunda página de esta carta al maestro de su hijo/a solo si ha anotado títulos de los cuales han optado por no leer. Si no anoto un título, no es necesario que devuelva el formulario.

Si tienen alguna pregunta sobre el uso de cualquiera de estos libros, o sobre el currículo principal que ha sido adoptado, no dude en contactarme al (813) 272-4936.

Atentamente,

Amanda Newman, Supervisora, Departamento de Lectura K-5° grado

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Formulario de exclusión voluntaria de libros complementarios de K-5 ELA

He revisado esta descripción de los títulos de lectoescritura de K – 5° con mi hijo/a. Soy consciente de los textos que se utilizarán como parte del programa cuya instrucción fue detenidamente planificada, pero preferiría que mi hijo/a no participara en la lectura de los títulos mencionados a continuación.

Favor de firmar regresar al maestro de su hijo/a.

_____

Firma de los padres Fecha

_____

Nombre del estudiante (en letra molde)

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

GUIDELINES FOR ADMINISTRATION OF MEDICATION

It is recognized that medications may be essential for some students. When possible, all medications should be administered at home. This is especially true for medications administered less than four times per day. **If medication must be given at school, the following procedures are required:**

1. All medications given at school must be U.S. Food and Drug Administration (FDA) approved **for the medical diagnosis**.
   a. Substances not to be given at school are all unregulated products, including oils, herbs, food and supplements, which are being used as treatments, dietary supplements, or folk remedies.
   b. No IV access will be started, flushed, maintained, or discontinued at school. No medications will be permitted via central venous catheter or peripheral intravenous central catheters (PICC lines or central lines) including antineoplastic agents, investigational drugs, total parenteral nutrition (TPN), blood or blood products, emergency medications, or antibiotics.

2. **Oral over the counter or sample drugs** will be dispensed only when accompanied by written orders from a physician, APRN, or PA and must be U.S. Food and Drug Administration (FDA) approved for the medical diagnosis. Students may not carry medications at school.
   a. Medication is always to remain in the container in which it was purchased and must be unopened when received by the school.
   b. Written parental authorization is needed for all drugs.
   c. Cough drops will be treated as an over-the-counter medication.
   d. Possession of drugs of any kind may lead to serious disciplinary action.

3. ***No prescription narcotic analgesics, opioids or cannabinoids*** are to be dispensed at school. The side effects make it unsafe for students to attend school while medicated with narcotics.

4. A signed statement by the parent/guardian requesting the administration of medication must accompany all medication and supplies. The Parent Authorization for Administration of Medication form must be completed before receipt of the medication.
   a. New authorization forms will be required when any changes with the orders occur.
   b. All medication/procedure forms must be updated annually.

5. Medication must be sent to school by a parent/guardian.
   a. It is not safe for children to deliver medicine to and from school.
   b. This policy prevents safety concerns of lost or stolen medicines, students sharing medicines with friends, and students taking medicine unsupervised.

6. Medication must be in the original prescription container with the: 1) name of drug, 2) date prescribed, 3) dosage prescribed, and 4) time of day to be taken, any special directions, with student's and physician, APRN, or PA names clearly printed.
   a. Medication must remain in the container in which it was originally dispensed.
   b. Most pharmacies will provide an extra empty labeled bottle for parents if requested when the prescription is filled. A separate prescription bottle should be provided for field trips.
   c. No more than a month's supply of controlled medication may be brought in at a time.
   d. All new prescription refills must remain in the original container with the current expiration date.
   e. No medications over 30 days will be administered.

7. All medications and/or supplies received must be documented with the parent/guardian, employee, and witness on the Medication and Supply Intake Form (SB 87031).
   a. Medication must be counted by a parent/guardian. This count will be verified by a school staff.
   b. The amount and date received are to be recorded.
   c. The parent/guardian is also required to sign Medication and Supply Intake Form when picking up medication/supplies.

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

GUIDELINES FOR ADMINISTRATION OF MEDICATION (cont.)

8. The parent/guardian should arrange for a separate supply of medication for the school.
   a. Medication will not be transported between home and school.
      i. Exceptions by Florida statutes 1002.20(h)(i)(j)(k) *which require a Parent Self Administration Form and a Physician Self Administration Form for:* asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetes supplies and equipment.

9. When any medications are added or discontinued, a new authorization form is required.

10. When medication dosages or times are changed, a new signed authorization form with the correct information must be completed and a new label from the pharmacist or physician, APRN, or PA order/prescription indicating the change must be sent to the school.
    a. A fax is acceptable.

11. Medication will **always be stored in a locked cabinet at the school.**
    a. Exceptions by statutes are asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetic supplies and equipment. Students who self-carry require a Parent Self Administration Form and a Physician Self Administration Form.

12. Since many students receive medication during school hours, a school district employee designated by the principal will administer medication.
    a. The designated employee must be trained by the Registered Professional School Nurse as required by Florida law. This includes HOST, field trips, and when the student is away from school property on official school business.
    b. The medication container with pharmacy label/supplies and copies of paperwork will be sent with the trained staff member, agency nurse, or HOST staff personnel. All medications must be signed out and recorded on the Field Trip Medication Sign Out Sheet (SB 86900).
    c. Under no circumstances may medication be transferred from one container to another by anyone other than a Registered Pharmacist with the exception of field trips which must be done by the Registered Nurse. Registered Nurses preparing for field trips should choose one of the following options: send medication in original container or transfer to a medication envelope with a copy of the original medication label attached.

13. Liquid medication will be given in a calibrated measuring device **supplied by the parent.**
    a. Pill crushers, soft food for mixing, and special drinks **must be provided by the parent.**

14. All medications/supplies must be removed from the school premises **within one week of the expiration** date, upon appropriate notification of medication being discontinued, or at the end of the school year.
    a. Medications/supplies that are unused and unclaimed will be destroyed following proper disposal procedures.

15. Planning and protocols for any medication or treatment which requires a one-time dosage for a specific intent are the responsibility of the Registered Nurse, ONLY.

16. Non-medicated sunscreen and insect repellent may be administered without a prescription, but a parent/guardian authorization form must be completed.

Florida Statue 1006.062 is the reference for the above guidelines.
Questions regarding these procedures should be directed to the Registered Nurse assigned to the school your child attends or to the office of School Health Services, 273-7020.

Distribution: Nurse or HOST Personnel, Parent
Goes with SB 87034 (Rev. 07/14/2021)

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Student Code of Conduct

Parent/Guardian Acknowledgement Form

I have been notified that I may review the Hillsborough County Public Schools Student Code of Conduct by visiting the school district website (Student Code of Conduct / Overview (hillsboroughschools.org)

I have read, understand, and agree to abide by the Student Code of Conduct.

Student Name	Student Signature	Date

I have read the Student Code of Conduct and discussed it with my student.

Parent/Guardian Name	Parent/Guardian Signature	Date

The Student Code of Conduct has been established to communicate the expectations for student behavior at school or school activities. Failure to return this acknowledgement will not relieve a student or the parent/guardian(s) from the responsibility of abiding by the Code of Conduct.

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Código de Conducta Estudiantil

Formulario de Reconocimiento

He sido notificado que puedo revisar el Código de Conducta Estudiantil para las Escuelas Públicas del Condado de Hillsborough visitando el sitio web del distrito escolar (Código de Conducta Estudiantil / Descripción general (hillsboroughschools.org)

He leído, entiendo y acepto cumplir con el Código de Conducta del Estudiante.

Nombre del Estudiante	Firma del Estudiante	Fecha

He leído el Código de Conducta del Estudiante y lo he discutido con mi estudiante.

Nombre del Padre/Tutor	Fecha del Padre/Tutor	Fecha

El Código de Conducta del Estudiante se ha establecido para comunicar las expectativas del comportamiento de los estudiantes en la escuela o las actividades escolares. La falta de devolución de este reconocimiento no eximirá al estudiante o al padre / tutor (s) de la responsabilidad de cumplir con el Código de Conducta.

Student Nutrition Services Local Meal Charge Policy

A written copy of the Student Nutrition Services Local Meal Charge Policy will be provided to all households. Every school is required to follow the policy.

Student Nutrition Services uses a prepayment system called MyPayments Plus. This system limits the exchange of money, protects the identity of all students, and prevents the disclosure of a student's meal eligibility status. Students who qualify for free or reduced-priced meals will always receive a free meal. All students receive free breakfast regardless of meal eligibility status.

Full pay students who do not have money on their MyPayments Plus meal account can receive a "charged" meal with the following restrictions. Adults may not charge meals at any time.

1. Students are allowed to charge for meals when they do not have money in their MyPayments Plus meal account. The student will be given the same school lunch that other children are receiving.
2. Any time a student has a negative balance on their MyPayments Plus meal account, the child will be prohibited from purchasing a la carte items (food purchased in addition to the school meal), even when purchasing with cash.
3. Students in CEP (Community Eligibility Provision) schools with negative balances on their MyPayments Plus meal account will also be prohibited from purchasing a la carte items.
4. Parents/guardians of students who charge for one meal will receive a phone notification after their student has received the meal. The parent/guardian will be encouraged to quickly pay for this meal and will be reminded of this policy.
5. Parents/guardians of students who continue to charge will receive additional email and text notifications as well as weekly letters which will be sent home with the student.
6. Any unpaid balance on a child's account will be carried over from year to year.
7. The parent/guardian is responsible for all uncollected meal balances which must be paid prior to graduation or withdrawal from Hillsborough County Public Schools.

Hillsborough County Student Nutrition Services

Parent Information for Requesting Special Diets

School Year 2023-2024

Student Nutrition Overview

The Student Nutrition Services Department (SNS) strives to offer healthy, well-balanced meals. All meals meet or exceed nutritional standards for the National School Lunch and Breakfast program set forth by U.S. Department of Agriculture. To constitute a reimbursable lunch, students must select at least three out of the five components: meat/protein, grain, fruit, vegetable, and milk. At breakfast, students must select three out of the four components. At both meals, one of the components must be either a fruit or a vegetable.

General Information Regarding Special Diets

Food substitutions/menu modifications may be requested for children with special dietary condition(s) by using Student Nutrition's ***Diet Prescription for Special Meals.*** School nutrition managers can use foods from Student Nutrition's standardized market list to meet most diet modifications that are requested. With most diets, we are able to prepare and serve flavorful menu items to your child that meets his or her special need, while still following federal guidelines for school meals.

Completing the Diet Prescription Form

It is imperative that the ***Diet Prescription for Special Meals*** is completed correctly and given to the Student Nutrition Manager and School Nurse at your site so we can safely serve your child. Food substitutions/menu modifications **cannot** be made without a completed form. A new form **must be** completed each school year so our records are kept up to date and the information on file is correct.

Partnering with Parents to Feed Your Child

We want to work in partnership with you to meet the needs of your child while attending school. Once the ***Diet Prescription for Special Meals*** form is completed and returned, the Student Nutrition Manager will contact the parent/guardian to discuss the special diet. In some cases, a meeting between the parent, Student Nutrition Manager, and District Dietitian may be needed to discuss available menu substitutions/modifications necessary to accommodate your child's needs. Once appropriate menu/food choices have been determined, the Student Nutrition Manager will place an 'alert' on your child's meal account and the appropriate menu will be followed.

To assist parents, SNS has several tools available on the SNS Website (www.hillsboroughschools.org/sns)

- Nutrislice menus online and via the Nutrislice smart phone app (https://sdhc.nutrislice.com/) for nutrition information, including carbohydrate counts and the top nine allergens on all menu items
- Allergen information sheets on the nine major allergens; wheat, soy, tree nuts, peanuts, eggs, milk, sesame, fish, and shellfish
- For additional assistance on ingredient and allergen information, please email the District Dietitian at snsspecialdiets@hcps.net.

The following is additional information regarding special diets

Food Allergens

To accommodate students that may have special dietary needs due to food allergies, including, but not limited to wheat, eggs, soy, fish, shellfish, milk, sesame, peanuts and other tree nuts, the Student Nutrition Manager can make substitutions in meal choices. SNS does not have specialty foods available but can accommodate all allergies with other items currently available. Allergen information on the nine major allergens; wheat, tree nuts, peanuts, eggs, milk, sesame, fish, and shellfish, is posted on the SNS website. If your child has an allergen to a food item not provided, we welcome you to come into the kitchen to look at ingredient labels. The parent/guardian is responsible for approving all menu substitutions.

Peanut Allergens

To accommodate severe peanut allergies, the school site can make a peanut free table available in the cafeteria. The peanut free table will be cleaned and sanitized prior to and after each child eats with a separate cleaning wipe. SNS does offer peanut butter products on their breakfast and lunch menu, but both items are sealed, individually packaged products. Both items are marked with "peanut butter." SNS is not responsible for ensuring lunch boxes brought from home are peanut free.

Milk Allergens/Intolerances

For students with an allergy to milk, SNS will follow diet prescription forms signed by the physician. Lactose-free milk is available daily. Drinking water is also provided at each site, free of charge.

Diabetic/Carbohydrate Controlled Diets

To accommodate students that may be following a restricted carbohydrate diet, nutrition information, including carbohydrate counts on all our menu items can be found on our Nutrislice website and app (https://sdhc.nutrislice.com/). A monthly menu will be provided to the parent/guardian to select the daily food choices. The completed menu must be returned to the Student Nutrition Manager at your child's school site to ensure that your child receives the correct menu options. The Student Nutrition Manager **is not responsible** for determining acceptable carbohydrate limits.

Special Texture Diets

Special training is provided to all Student Nutrition Managers and their employees on handling special textured diets. Please ensure that the ***Diet Prescription for Special Meals*** is specific on the thickness of the foods, i.e. nectar-like, honey-like, spoon-thick for any pureed diets. Please list any foods to avoid due to preference and/or intolerance.

Hillsborough County Student Nutrition Services

DIET PRESCRIPTION FOR SPECIAL MEALS FORM

School Year 2023-2024

Student Nutrition Services is committed to serving all children nutritious meals; this includes working with children who have special dietary needs. To help us in meeting your child's dietary requirements, we require that this form be completed and returned to the Student Nutrition Manager at your child's school. Once completed, the Student Nutrition Manager will contact you to discuss menu options.

Section A- Must be completed by the Parent/Guardian

Name of Student _____ Student's ID _____ Grade _____

School Name _____ Teacher's Name_____

Does the student typically receive a meal(s) from Student Nutrition Services (SNS)? ☐ **Yes** ☐ **No**

If yes, which meals provided by SNS will your child most likely eat?
☐ Breakfast ☐ Lunch ☐ Afterschool ☐ Snack ☐ Dinner

Parent/Guardian Signature Name (printed)_____ **Signature**_____

Daytime Phone Number_____ **Email Address**_____ **Date**_____

Section B- Must be completed by the Physician

Student is allergic to the protein in the following foods:
☐ Peanuts, including peanut oil
☐ Tree nuts
☐ Milk proteins (not lactose intolerant; all foods with milk protein ingredients are restricted)
☐ Whole Egg (hard boiled and scrambled; may have egg cooked in foods)
☐ Egg proteins (albumin (white) and yolk)
☐ Soy
  ☐ Including soybean oil
☐ Wheat
☐ Fish
☐ Shellfish
☐ Sesame
☐ Other foods _____

Student has food intolerance issues:
☐ Lactose Intolerance
  ☐ Fluid Milk ☐ Cheese ☐ Yogurt ☐ Ice Cream
☐ Celiac disease and/or gluten intolerance
☐ Other – Specify diagnosis: _____

Foods to be avoided: _____

Specific Foods to Omit	**Specific Foods to Substitute**
_____	_____
_____	_____

I certify that the above-named student needs special school food as described above,

Physician's Name (printed)_____ **Physician's Signature** _____

Office Number _____ **Date** _____

Section C- Must be completed by a Physician

Is the student Diabetic and following a controlled diet? ☐ **Yes** ☐ **No**

If yes, please describe special diet in detail. Please include the range of carbohydrates (grams) per meal that is required.

Carbohydrates (g) per meal Breakfast: _____ Lunch: _____

I certify that the above-named student needs special school food as described above,

Physician's Name (printed)_____ **Physician's Signature** _____

Office Number _____ **Date** _____

Section D- Must be completed by the Physician

Does the student need any special modification of dietary textures? ☐ **Yes** ☐ **No**

Indicate texture on prescribed special diet.

☐ **Soft & Bite Sized (Chopped)** (please indicate any specific instructions)

_____

☐ **Minced & Moist (Ground)** (please indicate any specific instructions)

_____

☐ **Pureed** (please indicate any specific instructions) _____

Indicate thickened consistency on prescribed special diet.

☐ **Mildly Thick (Nectar)** ☐ **Moderately Thick (Honey)** ☐ **Extremely Thick (Spoon)**

I certify that the above-named student needs special school food as described above,

Physician's Name (printed)_____ **Physician's Signature** _____

Office Number _____ **Date** _____

Section E- Must be completed by the Physician

Does the student have other special nutritional or feeding needs? ☐ **Yes** ☐ **No**

Please describe the special diet/feeding needs (attach a list of foods to be omitted and/or substituted, if needed)

_____

_____

_____

I certify that the above-named student needs special school food as described above,

Physician's Name (printed)_____ **Physician's Signature** _____

Office Number _____ Date _____

For School Use Only

Date contacted parent: _____

Date of parent meeting: _____

Date Alert is entered: _____

Manager's Signature: _____

Form must be maintained on file in the SNS office for the current school year.
Copy must be provided to the School Nurse and the District Dietitian at snsspecialdiets@hcps.net

Servicios de Nutrición Estudiantil del Condado Hillsborough

Información para los padres en relación a solicitar dietas especiales

Año escolar 2023-2024

Descripicion gerneral de la nutrición estudiantil

El Departamento de Servicios de Nutrición Estudiantil *(SNS)* se esfuerza por ofrecer comidas saludables bien balanceadas. Todas las comidas tienen que cumplir con los estándares estrictos nutricionales del programa Nacional de Almuerzos Escolares y el programa de desayuno establecido por el Departamento de Agricultura. Para constituir un almuerzo reembolsable, cuando los estudiantes seleccionan por lo menos 3 componentes de 5; carne/proteína, el grano, fruta, vegetal y leche. En el desayuno, los estudiantes tendrán que seleccionar 3 (tres) componentes de 4 (cuatro). En ambas comidas, uno de los componentes tendrá que ser una fruta o un vegetal.

Información general acerca de las dietas especiales

Puede solicitar modificaciones de los sustitutos de comidas/menús para los niños con condiciones dietéticas especiales con el formulario de *Prescripción Dietética para Comidas Especiales* (***Diet Prescription for Special Meals***) de Nutrición Estudiantil. Los administradores de Nutrición Estudiantil pueden usar las comidas de la lista del mercado estandarizado para cumplir con la mayoría de las modificaciones de las dietas solicitadas. El Departamento de Nutrición Estudiantil no compra comidas especializadas que no estén incluidas en la lista del mercado estandarizado, como pastas sin gluten o fórmulas. Si un niño necesita eliminar de la dieta un artículo como la leche, entonces puede escoger tomar agua de botella gratis o comprar otra clase de bebida de la cafetería. Es obligatorio ofrecer leche a todos los niños, pero no es obligatorio que la tomen porque una comida completa no requiere leche. Como sucede con la mayoría de las dietas, podremos preparar y servirle a su hijo artículos sabrosos del menú que cumplan con sus necesidades especiales, a la vez que se cumple con los reglamentos federales en cuanto a las comidas escolares.

El formulario de prescripción dietética

Es importante llenar correctamente el formulario de ***Prescripción Dietética para Comidas Especiales*** y entregarlo al administrador de Nutrición Estudiantil de su escuela, para poderle servir a su hijo una comida segura. **No se podrán** sustituir comidas/modificar menús sin haber completado el formulario. **Tendrá** que completar un nuevo formulario cada año escolar para que nuestros registros estén al día y tengamos la información correcta.

Asociándonos con los padres para alimentar a sus hijos

Deseamos trabajar en asociación con usted para satisfacer la necesidad de su hijo mientras asiste a la escuela. Una vez llene la ***Prescripción Dietética para Comidas Especiales*** y la haya entregado, el administrador de Nutrición Estudiantil se comunicará con usted para discutir la dieta especial. En algunos casos, será necesario llevar a cabo una reunión entre el padre/madre, el administrador de Nutrición Estudiantil y el dietista del distrito para discutir los sustitutos del menú/modificaciones disponibles necesarios para satisfacer las necesidades de su hijo. Ya que se hayan determinado las selecciones del menú/comidas apropiadas, el administrador de Nutrición Estudiantil colocará una 'alerta' en la cuenta de su hijo seguido del menú apropiado.

Para ayudar a los padres, *SNS* tiene varias herramientas disponibles en el sitio Web de *SNS* (www.hillsboroughschools.org/sns)

- Menús de Nutrislice en línea y a través de la aplicación de teléfono inteligente Nutrislice (https://sdhc.nutrislice.com/) para obtener información nutricional, incluidos los recuentos de carbohidratos y los nueve alérgenos principales en todos los elementos del menú
- Alergia a los alimantos de alérgenos sobre los nueve alérgenos principales; trigo, soya, nueces, maní, huevos, leche, sésamo, pescado y mariscos
- Para obtener asistencia adicional sobre información sobre ingredientes y alérgenos, envíe un correo electrónico al dietista del distrito a snsspecialdiets@hcps.net.

Información adicional sobre dietas especiales

Alimentos alérgenos

Para poder cubrir las necesidades dietéticas especiales de los estudiantes debido a alimentos alérgenos, el administrador de Nutrición Estudiantil puede hacer sustituciones en la selección de comidas. Estos alimentos incluyen, pero no se limitan al trigo, huevo, soya, pescado, mariscos, leche, maní/cacahuate y otras nueces de árbol. El Servicio de Nutrición Estudiantil (*SNS*) no tiene alimentos especiales tales como las pastas y los panes sin gluten, ni la leche y el queso sin lácteos, pero puede sustituir los alimentos alérgenos con otros artículos disponibles. La información sobre los ocho alimentos alérgenos principales; trigo, nueces de árbol, maní/cacahuate, huevo, leche, pescado, y mariscos, está publicada en la página Web de *SNS*. Si su hijo es alérgico a algún comestible no mencionado, le invitamos a visitar la cocina para que lea los ingredientes de las etiquetas. El padre/madre/representante es responsable de aprobar todas las sustituciones del menú.

Alérgenos del maní/cacahuete
Para cumplir con las necesidades dietéticas especiales de los niños severamente alérgicos al maní/cacahuate, la escuela puede reservar una mesa en la cafetería donde no se sirve maní. La mesa se limpiará y se desinfectará con un paño diferente y limpio antes y después que cada niño coma. El *SNS* ofrece productos con mantequilla de maní en el menú del desayuno y del almuerzo, pero ambos productos están sellados e individualmente empacados. En la etiqueta de ambos productos dice: "*peanut butter*". El *SNS* no es responsable de asegurar que las bolsas de almuerzo que se traen de las casas no tengan maní/cacahuate.

Alérgenos/Intolerancias de la leche
Para los estudiantes con alergia a la leche, SNS seguirá los formularios de prescripción dietética firmados por el médico. La leche sin lactosa está disponible todos los días. También se proporciona agua potable en cada sitio, de forma gratuita.

Dietas para diabéticos/con carbohidratos controlados
Para poder cumplir con las necesidades de los estudiantes que tienen una dieta restringida de carbohidratos, puede encontrar la información de nutrición, incluyendo la cantidad de carbohidratos en todos los comestibles del menú, en nuestro sitio Web de *SNS* (www.hillsboroughschools.org/sns). Se le puede proveer
un menú mensual para que marque su selección diaria de comestibles. Cuando termine de llenarlo, lo podrá entregar al administrador de Nutrición Estudiantil de la escuela de su hijo para asegurarse de que va a recibir las opciones correctas del menú. El administrador de Nutrición Estudiantil **no es responsable** de determinar los límites de carbohidratos aceptables.

Dietas de textura especial
Se les ha proporcionado un adiestramiento especial a todos los administradores de nutrición estudiantil y a sus empleados en la preparación de dietas de textura especial. Por favor, asegúrese de que el formulario Prescripción ***Dietética para Comidas Especiales*** indica específicamente el espesor de los alimentos, ej.: parecido al néctar, parecido a la miel, bien espeso como el puré. Por favor, haga una lista de cualquier comestible que el niño deba evitar debido a preferencia y/o intolerancia.

Servicios de Nutrición Estudiantil del Condado de Hillsborough

FROMULARIO DE RECETA MÉDICA PARA DIETA ESPECIAL

Año escolar 2023-2024

El Servicio de Nutrición Estudiantil está comprometido a servir a todos los estudiantes comidas nutritivas y comprender la necesidad que tienen algunos niños de dietas especiales. Para ayudarnos a cumplir con los requisitos alimenticios de su hijo, tendrá que llenar este formulario y devolverlo al administrador de nutrición estudiantil de la escuela de su hijo. Después de completado, el administrador de nutrición estudiantil se comunicará con usted para discutir las opciones del menú.

Sección A- El padre/madre/representante completará esta parte

Nombre del estudiante_____ Núm. de id. del estudiante _____ Grado _____

Nombre de la escuela _____ Nombre del maestro _____

¿Recibe el estudiante regularmente comidas del Servicio de Nutrición Estudiantil (*SNS*)? □ **Sí** □ **No**

Si respondió "sí", ¿En cuál de los siguientes periodos es probable que su hijo coma?

□ Desayuno □ Almuerzo □ Después de la escuela □ Merienda □ **Cena**

Nombre del padre/madre/representante (en letra de molde)
_____Firma_____

Número de tel. durante el día_____ Dirección de correo

electrónico_____ Fecha_____

Sección B- El médico completará esta parte

El estudiante alérgico de proteína en los siguientes alimentos:

□ Maní, incluido el aceite de maní
□ Nueces de árbol
□ Leche y proteínas lácteas (sin intolerancia a la lactosa; todos los alimentos que contienen proteínas lácteas están restringidos).
□ Huevo entero (cocido y revuelto; puede tener huevo cocido en los alimentos)
□ Proteínas de huevo (albúmina (clara) y yema)
□ Soja
  □ Incluido el aceite de soja
□ Trigo
□ Pescado
□ Mariscos
□ Sésamo
□ Otros alimentos _____

Especifique diagnóstico: _____

Alimentos para evitar: _____

Alimentos específicos para omitir Alimentos específicos para sustituir

_____ _____

_____ _____

Certifico que el estudiante mencionado anteriormente necesita alimentos escolares especiales como se describe anteriormente,

Nombre del médico (en letra de imprenta) _____ Firma del médico
_____

Número de oficina _____ Fecha _____

Sección C- El médico completará esta parte

¿Es el estudiante diabético y está siguiendo alguna dieta controlada? □ **Sí** □ **No**
Si respondió "sí", por favor describa la dieta. Por favor, incluya el nivel de carbohidratos (gramos) por comida que requiere.
Carbohidratos (g) por comida desayuno: _____ almuerzo: _____

Certifico que el estudiante mencionado aquí necesita alimentos especiales del comedor escolar según se ha mencionado.

Nombre del médico (en letra de molde) _____ **Firma del médico**
_____

Número de teléfono de la oficina _____ **Fecha** _____

Sección D- El médico completará esta parte

¿Necesita el estudiante alguna modificación especial en la textura de los alimentos? □ **Sí** □ **No**

Indique la textura de la dieta especial prescrita.

- □ **Picada** (por favor indique cualesquiera instrucciones específicas) _____
- □ **Molida** (por favor indique cualesquiera instrucciones específicas) _____
- □ **Puré** (por favor indique cualesquiera instrucciones específicas) _____

Indique la consistencia de la dieta especial recetada.
□ **Espesa como el néctar** □ **Espesa como la miel** □ **Espesa como el budín**

Añada cualquier otro comentario relacionado a los patrones alimenticios o maneras especiales que el estudiante deba ser alimentado. Por favor, incluya cualquier otro alimento que se deba evitar debido a intolerancias/preferencias

_____

_____

Certifico que el estudiante mencionado necesita alimentos especiales del comedor escolar como se ha descrito previamente.

Nombre del médico (en letra de molde) _____ **Firma del médico** _____

Número de teléfono de la oficina _____ **Fecha** _____

Sección E- El médico completará esta parte

¿Tiene el estudiante otras necesidades alimenticias especiales o maneras especiales que deba ser alimentado? □ **Sí** □ **No**

Por favor describa las necesidades especiales de dieta/maneras de alimentación (adjunto se encuentra una lista de los alimentos que se evitarán y/o sustituirán, si es necesario)

_____

_____

For School Use Only

Date contacted parent _____

Date of parent meeting _____

Date Alert is Entered _____

Manager's Signature _____

(Form must be maintained on file in the SNS office for the current school year. Copy must be provided to the School Nurse and the District Dietitian)

Hillsborough County Student Nutrition Services

DISCONTINUATION OF DIET PRESCRIPTION FOR SPECIAL MEALS FORM

School Year 2023-2024

Student Nutrition Services strives to make accommodations to every student who has special dietary needs in efforts to be able to feed every child a meal that both meets those needs and is nutritionally sound. To be able to offer our students with as many choices and options as possible, it is important that we are notified as soon as any changes have been made to the student's special dietary needs.

It is imperative that this form is completed and returned to the Student Nutrition Manager at your child's school site in order for our department to make any menu changes.

Physician's signature is not required with this form

Must be completed by the Parent/Guardian

Name of Student _____ Student's ID _____ Grade _____

School Name _____ Teacher's Name_____

Select Either: Discontinuation of current diet prescription □ **Discontinuation of part of current diet prescription** □

If discontinuation of part of current diet prescription has been selected, please indicate what discontinuation is needed to be made:

□ No longer allergic to (please indicate specific allergen[s]) _____

□ Other (please indicate below)

_____

_____

_____

Parent/Guardian Signature_____ **Daytime Phone Number**_____

Email Address_____ **Date**_____

For School Use Only

Date form received _____

Date Alert is Changed _____

Manager's Signature _____

(Form must be maintained on file in the SNS office for the current school year. Copy must be provided to the School Nurse and the District Dietitian)

Hillsborough County Student Nutrition Services

Meal Preference Form

School Year 2023-2024

To accommodate students that require non-medically certified dietary needs such as food intolerances, (i.e lactose intolerance) and food preferences due to religious and/or cultural beliefs, the Student Nutrition Manager can make substitutions on the daily menu when possible. Please complete the ***Meal Preference Request*** form and return the completed form to the Student Nutrition Manager at your child's school site. A physician's signature is **not** needed.

Name of Student _____ **Student's ID** _____ **Grade** _____

School Name _____ **Teacher's Name** _____

Section A

List any food intolerances to avoid (i.e Lactose Intolerance)

List any food preferences to avoid due to Religious and/or Cultural Belief

List any food preferences (i.e. Vegetarian/Vegan)

Parent/Guardian Signature _____ **Daytime Phone Number** _____

Email Address _____ **Date** _____

For School Use Only

Date contacted parent _____

Date of parent meeting _____

Date Entered Into OneSource _____

Manager's Signature _____

(Form must be maintained on file in the SNS office for the current school year. Copy must be provided to the School Nurse)

Steps To Create "Here Comes the Bus" (HCTB) Account

1. Download and install "Here Comes the Bus" app from Apple App Store or Google Play.

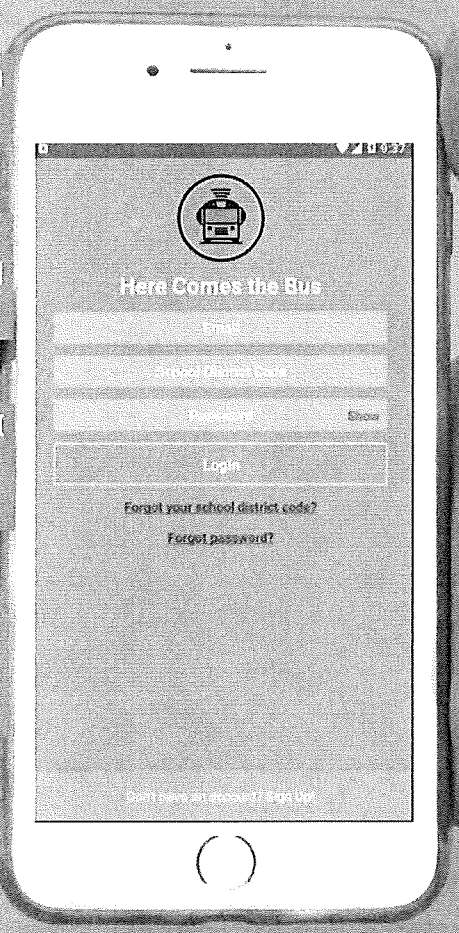
2. Click Sign Up! button (near bottom of page) to create your account.

3. Click "I have the Code". Type your email address, first and last name and school district code 75255.

4. If terms are acceptable, click the "I Accept the Terms of Use Agreement radio button then click continue"

5. Create your password and confirm. You will receive an email to activate account.

6. Use your credentials to login and add your students. Must have student ID to add with student's last name.



Download on the App Store

ANDROID APP ON Google play

SCAN ME

Any issues visit HereComestheBus.com to submit a support ticket for help or Call (844) 854-9316

Download the App Today!
"Here Comes the Bus" is a free, easy-to-use app that enables you to see the location of your child's school bus on smartphone, table, or personal computer.You will know when the bus is near your stop, so you can send your child out at just the right time. No more worrying about whether your child has missed the bus.

Hillsborough County Public Schools