

PFD & ARFID

SCHOOL TOOLKIT

Navigating school with a child who has pediatric feeding disorder (PFD) or avoidant/restrictive food intake disorder (ARFID) can feel overwhelming. Between managing meals, therapies, and medical needs, the school day often brings unique challenges that aren't always easy for others to understand.

RESOURCES INCLUDED

This toolkit was created with you in mind. It provides resources to help you share your child's needs with teachers and staff, advocate for the right supports, and build a stronger partnership with your school community. Inside, you'll find the following tools to assist you to advocate for your child's needs at school:

- **Feeding and Eating Snapshot:** A tool you can share with your child's teachers and school staff to give them the information they need at a glance, while opening the door for deeper conversations.
- **Social Emotional Support Tools:** Resources to best support your child, including a script for your child to use to explain their feeding and eating differences, sensory tools, and books with feeding disorder representation.
- **Know Your Rights:** Explains how IDEA, ADA, IEPs, and 504 plans can support children with PFD or ARFID.

WE ARE HERE FOR YOU

You are not alone in this journey. By working together—parents, educators, and healthcare providers—we can ensure children with PFD and ARFID are understood, supported, and given every opportunity to thrive.

USING THIS TOOLKIT

- **Pages 1–2:** Print and share with your child's teachers and support staff.
- **Page 3:** Use as a brainstorming guide for yourself or to share with your child's teacher.
- **Page 4:** Learn about your child's rights at school.

FEEDING AND EATING SNAPSHOT

My child is a student at your school. She/he has difficulty with feeding and eating. I am sharing foundational information that will be useful in supporting my child. Thank you for being part of my child's team. Meals, whether eaten by mouth, supported by tube, or through supplements, are part of my child's school day and should be treated as such. I'm looking forward to working together and value ongoing updates on how we can best help my child.

STUDENT INFORMATION

Student's Name: Age/Grade:

Parent/Caregiver Name(s):

Email Address(es):

Phone Number(s):

Emergency Contacts:

DIAGNOSIS

My child has a diagnosis of

- Pediatric feeding disorder (PFD)
- Avoidant/restrictive food intake disorder (ARFID)
- Food Allergies
- Other:

For my child, this often looks like the following behaviors, observable traits, needs for support, etc which impact their functional participation in the school day:

Pediatric Feeding Disorder (PFD)

PFD is difficulty with oral intake that is not age-appropriate that can be associated with underlying issues in one or more of four domains: medical, nutritional, feeding skills, or psychosocial factors.

Avoidant/Restrictive Food Intake Disorder (ARFID)

ARFID is a mental health diagnosis that leads to not meeting nutritional or energy needs with an impact on social/daily functioning. It may look like lack of interest in food, strong sensory aversions, or fear of negative consequences from eating.

PFD may lead to an ARFID diagnosis as the negative association with food continues as a child grows. Learn more about these diagnoses at feedingmatters.org.

PREFERRED AND NON-PREFERRED FOODS

Safe Foods

(Foods my child regularly eats and feels safe with)

New, Tricky, or Avoided Foods

(Foods that my child refuses or cause distress)

IT'S NOT PICKY EATING

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FEEDING AND EATING SNAPSHOT

CURRENT SITUATION

Preferred Mealtime Environment (eg: quite, low pressure, not at a crowded table, etc.)

Meal Timeframe

Feeding Tools or Supports Needed

- | | |
|--|---|
| <input type="checkbox"/> Adaptive utensils | <input type="checkbox"/> Tube feeding (NG/G-tube) |
| <input type="checkbox"/> Feeding schedule | <input type="checkbox"/> Visuals or routines |
| <input type="checkbox"/> Caloric supplements | <input type="checkbox"/> Sensory supports (eg, noise-canceling headphones, chewy necklaces) |
| <input type="checkbox"/> Other: | <input type="text"/> |

Signs of Distress

What Helps

My child does best when (eg: allowed to eat preferred foods without pressure, has time to warm up to new foods through play or exploration, is not compared to peers or told to “just try it”, has a quiet space if overwhelmed)

FEEDING AND EATING PLAN

- My child has an existing IEP/504/Individualized Health Plan with PFD/ARFID listed or services provided in relation to feeding.
- My child has an IEP/504/Individualized Health Plan but does not have PFD/ARFID listed or services provided in relation to feeding. I would like to request a meeting with my child’s team in order to initiate a review of existing data. While they currently receive special education services, I believe they will benefit from receiving services that are specific to the PFD/ARFID diagnosis, which do not currently exist within their plan.
- My child does not have an existing IEP/504/Individualized Health Plan. I understand that an evaluation will be necessary to determine the need for an IEP or 504 plan and I have contacted the district referral source in writing to initiate this process.

Signature

Date

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SOCIAL EMOTIONAL SUPPORT TOOLS

SCRIPT FOR EXPLAINING FEEDING AND EATING DIFFERENCES

Use the following language to explain feeding and eating differences to peers:

I want to tell you something about how I eat. My body works in its own way, so I have some special ways of eating my food. I might need more time, different kinds of food, or help from a grown-up. These things help my body stay healthy and strong. Sometimes the foods you eat are foods that I don't understand, so I may need to sit by myself. I still like you and want to be your friend, and I will come back to play when you are done eating. Everyone's body is unique, and this is what works best for me. I'm happy to answer questions if you're curious! Thanks for being such good friends.

CALMING STRATEGIES AND SENSORY TOOLS

Consistent routines and validation are important. When a student does need additional support, the following may be helpful:

- Physical space: a place away from others, with dim lights if needed. Less people/less movement/less noise around the child.
- Safe smells: a blanket or pair of gloves from home that the child can bury their nose in can provide an "olfactory reset". Seat the student in low-odor areas, such as outside for lunch or farther from the kitchen in the cafeteria.
- Oral input: Under supervision, allow non-edible chewing items that are commercially made, brought from home, and approved by parents.
- Safe textures: Offer items like sensory bean bins for tactile engagement.
- Other calming sensory input: Provide activities such as swinging, heavy work, or listening to preferred music.

BOOKS

The following books can be resources for teachers or classrooms:

- In My Own Way presented by Feeding Matters
- All Food is Good Food by Molli Jackson Ehlert
- Tyler Takes a Taste by Barbara Coven-Ellis
- The Adventures of Team Super Tubie by Kristin Meyer and Kevin Cannon
- My Belly Has 2 Buttons by Meikele Lee and Rebecca Robertson
- Living with ARFID series by Karelle Vézina

LEARN MORE

Learn more about pediatric feeding disorder (PFD) and avoidant/restrictive food intake disorder (ARFID) at feedingmatters.org.

KNOW YOUR RIGHTS

IDEA AND ADA

What is IDEA?

The Individuals with Disabilities Education Act (IDEA) ensures special education and related services to children with disabilities.

What is ADA?

The Americans with Disabilities Act (ADA) empowers and protects the public rights of citizens with disabilities. This can ensure a safe environment for feeding and eating and access to necessary services.

Documentation

Do you know the difference between Individualized Education Programs (IEPs) and 504 plans? These documents support children with disabilities and/or special care at school.



Learn more about IDEA



Learn more about ADA



Learn about these legally-binding documents

WHAT DO I DO IF I BELIEVE MY CHILD NEEDS AN IEP OR 504?

1. Contact your child's school IEP administrator/coordinator and request a meeting to initiate evaluation. Your child will still need to be evaluated by the school team even if they have an existing diagnosis of any kind.
2. Talk with your child's pediatrician and/or external care team. Ask for supporting documentation and collect it for the school team meeting.
3. Write out your concerns and thoughts before the meeting to help yourself prepare.
4. Get to know your child's school team and the roles they may play.
 - Special Education Teacher
 - General Education Teacher
 - School Psychologist
 - Principal or Vice Principal
 - Occupational Therapist (OT)
 - Speech-Language Pathologist (SLP)
 - Social Worker (LSW)
 - School Nurse
 - Paraprofessional or School Aide
5. Stay hopeful and do what you can to enter the meeting confidently and collaboratively.



Learn about the steps required for the school team upon request for evaluation.

PFD & ARFID AS DISABILITIES

Neither pediatric feeding disorder (PFD) nor avoidant/restrictive food intake disorder (ARFID) are specifically named as a qualified category of disability in the Individuals with Disabilities Education Act (IDEA), but they can qualify under "Other Health Impairments."

ACCOMMODATIONS

Share with the school team:

- How much time does your child need to eat?
- Who needs to supervise?
- Do they need special utensils or cups?
- Special prep? Certain position?

SCHOOL LUNCHES

When packing your child's lunch:

- Choose safe foods or favorites.
- If you are not sending a lunch from home, coordinate carefully with the school lunch staff.