REQUEST FOR DIETARY ACCOMMODATION

Resources for Students

Sodexo Dining Services offers a variety of options related to dietary needs. Standard food selections are offered that meet the needs of students seeking allergy accommodated, vegetarian, vegan and gluten free diets (to name just a few). During the academic year, students are encouraged to speak with any of the Sodexo Management Team. They may also refer to the Sodexo Website to identify nutritional content:

Weekly Menus:  http://www.colby.edu/diningservices/menus/
Sodexo Nutrition Page:  http://www.colby.edu/diningservices/health-and-wellness/

At any point in the semester, students can schedule an informal dietary consultation with a member of the Sodexo management team. This consultation may address questions regarding food preparation, discuss standard ingredients used and provide an orientation of what is offered at the various stations.

If students have questions at any time regarding available options, ingredients, or cooking methods, it is important that they ask a member of the management staff.

Documentation Guidelines

Students who have dietary needs or food allergies may request reasonable accommodations related to their meal plan. Dining Services will work jointly with Support Services in the Dean of Students Office, Campus Life, and the student to develop an individualized plan to address accommodation needs. Choices within this plan will be nutritionally comparable to the food choices of other students to an extent that it is reasonably possible.

Documentation: Professional recommendations are accepted from medical doctors as well as dietitians, nutritionists, and allergists who are appropriately licensed. This documentation should describe:

- The condition requiring the accommodation
- The current impact and severity of the condition
- A listing of types of food the student is to avoid with corresponding severity of reaction
- A listing of acceptable food options

This information should be forwarded to the Coordinator of Support Services listed below. The documentation will be reviewed jointly by Support Services, Health Services, Campus Life, and Sodexo Dining Services. Upon receipt of all documentation, a follow-up meeting may be scheduled to discuss specific needs and establish a plan. Due to the severity of some allergic reactions, it may be necessary to inform appropriate staff of dietary restrictions.

Contact information is listed below:

For questions about Disability Services and dietary accommodations contact:
Joseph Atkins — Coordinator of Support Services
207-859-4252 jeatkins@colby.edu

Paul Berkner — Director of Health Services
207-859-4460 pberkner@colby.edu

For questions regarding general meal plan options please contact:
Debbie Knese — Sodexo — Dining Services
207-859-5460 dcknese@colby.edu

For general questions related to Sodexo Dining Services please contact one of the following people:
Larry Llewellyn — Sodexo — Director of Dining Services
207-859-5464

Lauren Withers — Sodexo — Registered Dietitian
Lauren.Withers@sodexo.com
REQUESTING A DIETARY ACCOMMODATION

To request a dietary accommodation, submit a Voluntary Disclosure of a Disability form to the Dean of Students Office, then fill out the information below as completely as possible. Both forms go to the Coordinator of Support Services in the Dean of Students Office. Be sure to include documentation from a medical physician or other approved professional.

Your request and supporting documentation will be reviewed by Support Services, Health Services, Campus Life, and Sodexo Dining Services. Sodexo Dining staff will be aware of the restriction and accommodation. Diagnostic information may be shared with key Sodexo Dining Services staff members on a need to know basis. A follow up meeting may be scheduled to discuss specific needs and establish a plan.

Written requests should be submitted as early as possible to allow adequate time to make arrangements as appropriate.

Student Name: ___________________________ Date: ___________________________
Home Address: ___________________________
Phone Number (_______) __________________ E-mail Address: ___________________________
Have you communicated with Support Services and provided medical documentation (circle) YES NO

Food Allergies and Medical Conditions (please check all that apply)

Food Allergy is:

[ ] Gluten/Wheat  [ ] Eggs
[ ] Dairy  [ ] Soy
[ ] Peanuts  [ ] Fish
[ ] Shellfish  [ ] Tree nuts
[ ] Other (please specify): ___________________________

[ ] Gluten Intolerance

Other Medical Conditions requiring Dietary Accommodations (please specify): ___________________________

Do you carry a prescribed epi pen?

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Please be sure your supporting documentation addresses these issues.