

TSHA GUIDELINES FOR PEDIATRIC FEEDING AND SWALLOWING DISORDERS IN THE PUBLIC SCHOOLS

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Students Eat Safely

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General Information

Purpose and Intended Use of the Pediatric Feeding and Swallowing Disorders Guidelines in the Public School Setting

The purpose of the *Pediatric Feeding and Swallowing Guidelines* is to provide a framework that the public-school speech-language pathologist (SLP) can use to provide consistent, evidence-based evaluation and treatment practices. These practices are to be consistent with the Individuals with Disabilities Education Improvement Act (IDEA) to promote adequate nutrition/ hydration, safety, and efficiency of student's feeding and swallowing skills during mealtimes to benefit their educational program and to preserve a student's right to a Free Appropriate Public Education (FAPE).

Educational Relevance

IDEA is our primary special education law which established the right of FAPE for children with disabilities. How does feeding and swallowing fall into the scope of FAPE? IDEA may not specifically name feeding and swallowing (dysphagia); however, it does mandate services for health-related disorders directly impacting a student's education. The resulting health issues that may occur if pediatric feeding and swallowing are not addressed may negatively impact a student's ability to attend school. This may deny students' access to their curriculum and/or impede their ability to socialize with their peers. In addition, when providing FAPE, we also need to keep the least restrictive environment (LRE) in mind. Schools must provide an environment that maintains safe feeding and swallowing practices, facilitates efficient eating, and promotes adequate nutrition and hydration, while fostering socialization (Villaluna & Dolby 2024).

According to ASHA (n.d., 2010, 2016), swallowing and feeding services are relevant for the education of students for the following reasons.

- It is the responsibility of the school system to ensure that students are safe when eating and drinking. Appropriate personnel, food, and procedures must be provided to minimize risks of choking and/or aspiration during oral intake.
- Students must have sufficient physical well-being and energy in order to function in the educational setting. Students who are under-nourished or dehydrated due to swallowing and feeding problems cannot adequately focus and participate in the learning environment, and consequently, their performance at school may suffer.
- Students must have adequate health to attend school and to receive instruction. Students with swallowing and feeding disorders are more susceptible to illness related to malnutrition and dehydration. Additionally, students may miss school more frequently than other students due to related health issues impacted by aspiration.

- For students to participate fully in the educational program, they need to be efficient during regular meal and snack times in order to finish in a similar time frame as their peers. Optimally, they should complete their meal or snack within 30 minutes or less. A prolonged mealtime is a major sign of concern for a swallowing and/or feeding disorder. Prolonged feeding times are indicative of excessive effort and energy that interfere with other activities important to a student's school day experiences. Prolonged mealtimes often are stressful for the student, and this stress can carry over into the remainder of the school day. Some students may require more frequent snacks or meals to maximize educational performance.

What is a Pediatric Feeding and Swallowing Disorder?

Feeding Disorders

Feeding disorders are problems with a range of eating activities that may or may not include problems with swallowing. Pediatric feeding disorder (PFD) is “impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction” (Goday et al., 2019).

Swallowing Disorders (Dysphagia)

Swallowing disorders, also called *dysphagia*, are difficulties with moving food or liquid from the mouth, throat, or esophagus to the stomach. Dysphagia can occur in one or more of the three stages of swallowing and can result in aspiration (the passage of food, liquid, or saliva into the trachea) or retrograde flow of food into the nasal cavity, and/or choking. These can lead to malnutrition and dehydration. See www.asha.org/practice-portal/clinical-topics/pediatric-dysphagia/

Swallowing happens in three stages. A child can have a problem in one or more of these stages. They include:

- **Oral phase:** sucking, chewing, and moving food or liquid into the throat. Feeding is a part of the oral phase.
- **Pharyngeal phase:** triggering of the swallow begins with the swallow and squeezing food down the throat. The body needs to close off the airway to keep food or liquid out. Food going into the airway can cause coughing and choking.
- **Esophageal phase:** opening and closing the esophagus (the tube that goes from the mouth to the stomach). The esophagus squeezes food down to the stomach. Food can get stuck in the esophagus, or a child may vomit a lot if there is a problem with the esophagus. See www.asha.org/practice-portal/clinical-topics/pediatric-dysphagia/

Possible Signs and Symptoms of a Pediatric Feeding/Swallowing Disorder

The SLP should look for the following signs and/or symptoms of a feeding/swallowing disorder.

- Coughing and/or choking during or after swallowing
- Crying during mealtimes
- Decreased responsiveness during feeding
- Difficulty chewing foods that are texturally appropriate for age (may spit out, retain, or swallow partially chewed food)
- Difficulty initiating swallowing, delayed swallow trigger, oral holding
- Difficulty managing secretions (including non-teething-related drooling of saliva)
- Disengagement/refusal shown by facial grimacing, facial flushing, finger splaying, or head turning away from the food source
- Frequent congestion, particularly after meals
- Frequent respiratory illnesses
- Gagging
- Loss of food/liquid from the mouth when eating
- Noisy or wet vocal quality during and after eating
- Taking longer to finish meals or snacks (longer than 30 min per meal and less for small snacks)
- Refusing foods of certain textures, brands, colors, or other distinguishing characteristics
- Taking only small amounts of food, overpacking the mouth, and/or pocketing foods
- Delayed development of a mature swallowing or chewing pattern
- Vomiting
- Wet respiration
- Nasal congestion
- Retching
- Stridor (noisy breathing, high-pitched sound)
- Stertor (noisy breathing, low-pitched sound, like snoring)

Possible Symptoms and Health and Safety Concerns of Pediatric Feeding/Swallowing Disorders

SLPs should consider these possible symptoms or health and safety concerns of feeding/swallowing.

- Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
- Significant nutritional deficiency
- Dependence on enteral feeding or oral nutritional supplements
- Marked interference with psychosocial functioning

- Food aversion
- Oral aversion
- Aspiration pneumonia and/or compromised pulmonary status
- Undernutrition or malnutrition
- Dehydration
- Gastrointestinal complications, such as motility disorders, constipation and diarrhea, poor weight gain and/or undernutrition
- Rumination disorder (unintentional and reflexive regurgitation of undigested food that may involve re-chewing and re-swallowing of the food)
- An ongoing need for enteral (gastrointestinal) or parenteral (intravenous) nutrition
- Psychosocial effects on the child and their family
- Feeding and swallowing problems that persist into adulthood, including the risk of choking, malnutrition, or undernutrition
- Trouble successfully manipulating and/or chewing a bolus of food

See www.asha.org/practice-portal/clinical-topics/pediatric-dysphagia/

Student Feeding and Swallowing Support Team (SFSST)

School-based SLPs play a significant role in the management of feeding and swallowing disorders. SLPs provide assessment and ongoing management of the student as well as education for parents, teachers, and other professionals who work with the student daily. SLPs develop and typically lead the school-based feeding and swallowing team.

Responsibilities of the Student Support Team regarding feeding and swallowing disorders may include:

- Evaluating students who have been identified to be at risk for feeding and swallowing disorders
- Conducting a comprehensive assessment, including clinical and instrumental evaluations as appropriate
- Establishing and implementing a feeding and swallowing plan
- Educating families of children at risk for pediatric feeding and swallowing disorders
- Educating other professionals on the needs of children with feeding and swallowing disorders and the role of SLPs in diagnosis and management (i.e., teachers, administrators, nurses, classroom aides, lunch staff, other related service professionals)
- Considering culture as it pertains to food choices/habits, perception of disabilities, and beliefs about intervention (Davis-McFarland, 2008)
- Diagnosing pediatric oral and pharyngeal swallowing disorders (dysphagia)
- Recognizing signs of avoidant/restrictive food intake disorder (ARFID) and making appropriate referrals with collaborative treatment as needed

- Making referrals to other professionals as needed to rule out other conditions, determine etiology, and facilitate student access to comprehensive services
- Recommending a safe feeding and swallowing plan for the individualized family service plan (IFSP), individualized education program (IEP), or 504 plan
- Educating children and their families to prevent complications related to feeding and swallowing disorders
- Serving as an integral member of an interdisciplinary feeding and swallowing team
- Consulting and collaborating with other professionals, family members, caregivers, and others to facilitate program development and to provide supervision, evaluation, and/or expert testimony, as appropriate (see ASHA's resources on interprofessional education/interprofessional practice [IPE/IPP] and person- and family-centered care)
- Remaining informed of research around pediatric feeding and swallowing disorders, while helping to advance the knowledge base related to the nature and treatment of these disorders
- Advocating for families and individuals with feeding and swallowing disorders at the local, state, and national level

Members of the Student Feeding and Swallowing Support Team

The team is comprised of trained individuals with varying roles to support the management of feeding and swallowing disorders in the public-school setting. It is the responsibility of all members of the team to determine level of competence and obtain ongoing continuing education as per ASHA guidelines and the Code of Ethics. The team may vary with different specialists across districts and including but not limited to the following.

- SLP: Evaluate the student's feeding and swallowing abilities and/or deficits, along with other pertinent team members establish a comprehensive feeding plan which includes feeding/swallowing safe management recommendations, and train other members of the team as to the use of the feeding plan (to include precautions, restrictions, strategies, etc.).
- Feeding and swallowing competency of SLPs in the district will be determined by each district's policy or outside SLP consultant, hired by the district, as needed. Feeding and swallowing competency for SLPs in a district may be obtained through seminars provided on the ASHA Learning Pass, articles and position statements on the ASHA website, seminars provided by the district or Region Education facility, and/or through mentorship opportunities in the state and/or district. Each district determines adequate competency standards for the evaluation and management of feeding swallowing disorders of students in the district.
- Family: Provide background information (medical/feeding history, current feeding practices, etc.) that is essential as part of the feeding evaluation, seek medical interventions when needed, foster and facilitate positive feeding/swallowing experiences in the home and community setting (division of responsibility)

- Occupational Therapy: Provide feeding intervention (self-feeding and sensory processing), adaptive equipment, and positioning
- Physical Therapy: Provide adaptive equipment and positioning
- Dietician (Food Services): Provide nutrition and hydration support (dysphagia menu, supplemental/meal replacement) as recommended by the agreed upon feeding plan
- Classroom Teacher/Staff: Provide feeding management strategies as set forth in the student's feeding plan after training by SLP
- The student is our VIP on the team! The student can serve as an advocate for their feeding and swallowing needs

See www.asha.org/practice-portal/clinical-topics/pediatric-dysphagia/

Universal Safe Feeding and Swallowing Guidelines

It is recommended that the district Safe Feeding and Swallowing Team provide ongoing district wide and campus-based education regarding general safe swallowing and feeding guidelines that staff will provide and promote with all students in the district. Safe Feeding and Swallowing Guidelines should include:

- Appropriate Diet
- Appropriate Seating
- Appropriate Bolus Size
- Appropriate Utensils
- Appropriate Positioning
- Appropriate Pacing
- Appropriate Environment
- Appropriate Responsive Mealtime Behaviors
- Awareness of any student specific precautions and/or restrictions

Procedures for the Student Feeding and Swallowing Support Team

For a Referral with a Student who Already is Qualified for Special Education Services

The process of determining the feeding and/or swallowing needs of students begins with a referral to the Student Feeding and Swallowing Support Team (SFSST) within the school district. The SFSST is comprised of team members who are trained to identify treatment of feeding and swallowing disorders. The referral may be initiated by a parent, guardian, and/or school personnel (SLP, classroom teacher, paraprofessional, administrator, nurse, cafeteria personnel, etc.).

Parent/Caregiver will be informed of the district's feeding and swallowing procedures to promote safe, efficient, and enjoyable mealtimes with the purpose of safe and adequate nutrition and hydration during the school day. Information will be gathered from the parents regarding medical and feeding/swallowing history.

****If there are immediate safety concerns identified by the referral source for the student, the SFSST will conduct an emergency observation of the student's current feeding system using the universal safe feeding and swallowing guidelines:**

- Posture/positioning
- Diet
- Feeding Method (pacing, bolus size, volume, mode, and manner)
- Equipment/Utensils
- Mealtime Responses/Behaviors
- Environment of meals at school (cafeteria versus classroom)

****An Emergency Safe Feeding and Swallowing Plan may be established, if warranted, for increased awareness and training of the district's accepted Universal Safe Feeding and Swallowing guidelines/practices. Parents will be immediately informed of an Emergency Safe feeding plan implementation, and an IEP meeting will be requested to add the Emergency Safe Feeding and Swallowing Plan as an accommodation to the current IEP to promote Universal Safe Feeding and Swallowing procedures. In the IEP meeting, informed consent for additional assessment will be requested, as needed.**

Staff training will be conducted to demonstrate universal safe feeding and swallowing guidelines and to ensure the staff is competent and able to follow through with the Safe Feeding and Swallowing Plan (SFSP). Documentation on staff member training will be kept on file. Any new staff members who may be responsible for feeding the student with a Safe Feeding and Swallowing Plan will be properly trained before allowed to feed. This may include substitutes if the district chooses to have them feed a student with an SFSP. Districts need to be cognizant of the possibility of trained staff members' absences and have additional staff members trained to serve as back-up, if needed.

Feeding and Swallowing Assessment

An interdisciplinary feeding and swallowing assessment is conducted to determine the safest and most efficient oral, non-oral, or a combination feeding system to support the acquisition of nutrition and hydration a student requires to sustain the duration of their school day.

- Review of existing evaluation data related to feeding and swallowing status may include:
 - Reason for the referral
 - Parent/Teacher input
 - Diagnosis
 - Medical conditions
 - Medications
 - Dietary restrictions
 - Previous evaluations, treatments, hospitalizations
- Assessment of feeding and swallowing
 - Oral peripheral exam
 - Trials of liquids/solids (see International Dysphagia Diet Standardization
 - Initiative – IDDSI, for standardized descriptions of various consistencies)
 - Trials of utensils
 - Trials with positioning/posture
 - Trials with presentation
 - Trials with placement
 - Trials with prompts

Recommendations/ Accommodations

Safe Feeding and Swallowing Plan Considerations

- Level of feeding support. In some cases, a reduced staff-to-student ratio may be necessary during meals and snacks to ensure student safety and support. For example, if a student requires one-to-one assistance due to significant feeding or swallowing impairments or medical necessity, the assigned staff member should be dedicated solely to that student during feeding times and not assigned additional responsibilities. In such instances, it is essential to inform school administration, as this level of support may necessitate additional staffing during mealtimes.
- Environmental modifications
- Dietary modifications
- Cultural Dietary restrictions
- Posture/Positioning modifications

- Equipment modifications
- Feeding strategy modifications
- Food allergies
- Medications
- Additional medical considerations
- Communication and/or cognitive limitation
- Discussion with student's family regarding the need for possible additional medical assessments and or referrals

Documentation

- An IEP meeting will be requested to review assessment recommendations
- Safe Feeding and Swallowing Plan will be presented with updated recommendations
- In accordance with district policy, the Safe Feeding and Swallowing Plan may be documented in one or more sections of the student's Individualized Education Program (IEP). This may include, but is not limited to, the accommodations section, health plan, or as an attached supplemental document stored within the student's educational records or archives.

Training

Staff training is provided by the SLP or other appropriately trained team members designated by district policy. The SFSST members' training is to help promote safe, effective, and enjoyable school mealtimes. The purpose of these trainings is to provide essential education on the universal safe feeding and swallowing guidelines and on student's unique feeding and/or swallowing modifications, as needed. The training also helps to ensure that team members are competent and able to follow through with the Safe Feeding and Swallowing Plan.

Recommended training courses include:

- Beginning of the year staff training:
 - Universal Safe Feeding and Swallowing Guidelines
 - Signs and symptoms of pediatric feeding and swallowing disorders
 - Health and safety concerns associated with pediatric feeding and swallowing disorders
 - Procedures for referring students to the student feeding and swallowing support team
 - Roles and responsibilities of the members of the student feeding and swallowing support team
 - Specific staff training to review all students' individual safe feeding plans
- Ongoing staff training:
 - Review student's individual safe feeding plans
 - Provide hands-on demonstration of the unique safe feeding/swallowing strategies as outlined in the student's safe feeding plan

- Demonstrate universal safe feeding techniques
- Additional training will be required with any changes to the student's feeding plan
- Changes may need to be made post illness, hospitalizations, regression, or improvement of skills

Monitoring

The SFSST should provide routine monitoring of safe feeding and swallowing plans to support safe and efficient mealtimes, development of skills, and student independence.

Dismissal Criteria

Once a student is a safe and functional eater and no longer requires their individual safe feeding and swallowing plan, their plan will be removed from their list of accommodations. This can be documented through a SFSST re-evaluation with recommendations stating they no longer demonstrate a feeding or swallowing disorder.

References and Resources

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Resources for Continuing Education

ASHA Learning Pass:

<https://apps.asha.org/eweb/olsdynamicpage.aspx?title=asha+learning+pass&webcode=olsdetails>

International Dysphagia Diet Standardization Initiative Framework and Testing Methods:

<https://www.iddsi.org/images/Publications-Resources/DetailedDefnTestMethods/English/V2TestingMethodsEnglish31july2019.pdf>

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