

Addressing Feeding and Swallowing in Schools

WI FACETS
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WISCONSIN DEPARTMENT OF
Public Instruction
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Today's Presenters




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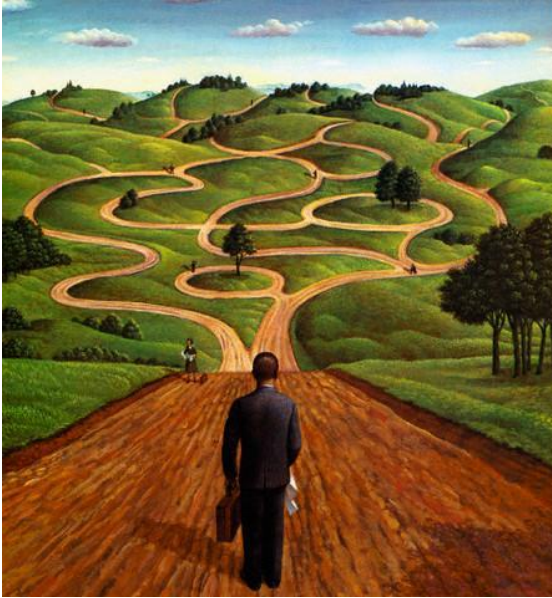
Learning Objectives

1. Understand the key components of a safe and effective feeding and swallowing plan within the school environment.
 2. Identify the roles and responsibilities of school staff and families in supporting students with feeding and swallowing needs.
 3. Learn how to advocate for appropriate accommodations and collaborate with school teams to address individual student needs.
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Parent Experience With School Feeding Plan

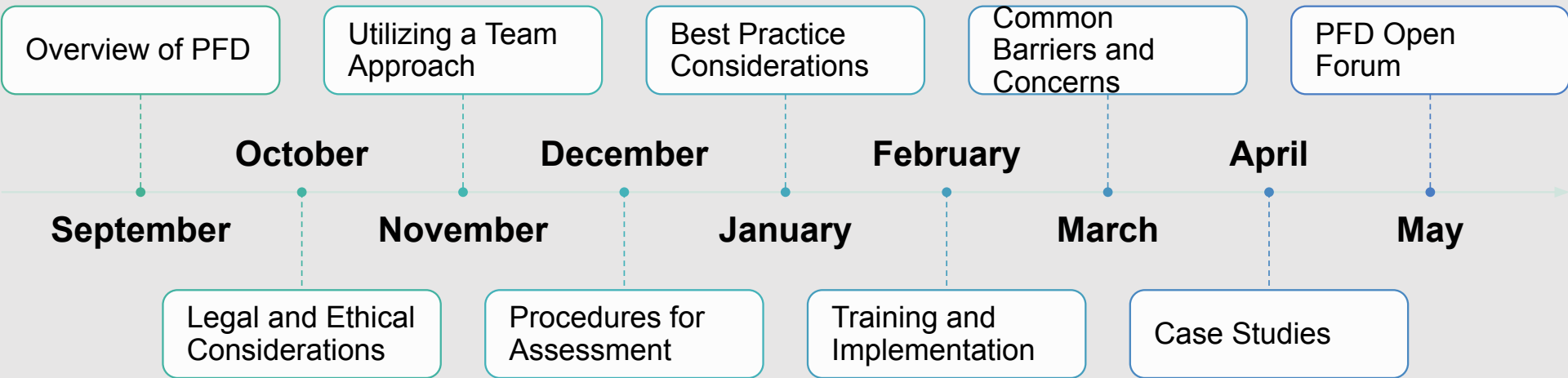


Our Journey



- Recognized need for statewide approach to PFD
- Developed 9-month series
- Each topic = 1 hour in length
- Offered FREE and during typical after school hours
- Recorded for later viewing
- Invited school teams to participate
- Lead by WI DPI, contracted professional, other team members

Webinar Topics



[WI DPI Links to PFD Videos and Handouts](#)

What is Pediatric Feeding Disorder (PFD)?

Impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill, or psychosocial dysfunction.
(4 Domains)



Causes of PFD

Medical

- GI (reflux)
- Respiratory or Cardiac
- Neurological impairments
- Neurodevelopmental disorders (Autism)

Nutrition

- Restrictions in quality, quantity, or variety of foods

Feeding Skill

- Oral motor functioning
- Oral Sensory functioning
- This also includes:
 - Unsafe oral feeding
 - Delayed feedings skills
 - Inefficient oral feedings

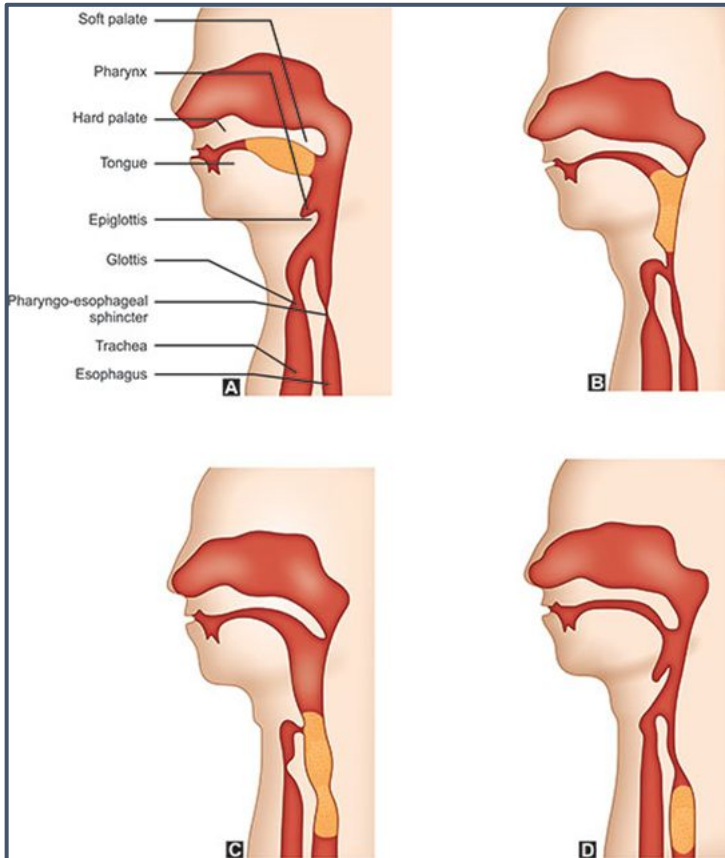
Psychosocial

- Learned feeding aversions
- Stress and distress
- Disruptive behavior
- Food overselectivity (picky eating)
- Use of inappropriate strategies

Why Address PFD in Schools?

- Children with Feeding and Swallowing Disorders may experience more chronic illness resulting in more missed days of school
- Nutritional needs are not being adequately met (impacts growth, development, and especially attention)
- Choking risks
- Participation is impacted (may take longer to eat, require special space away from peers, etc.)

Four Phases of Swallowing



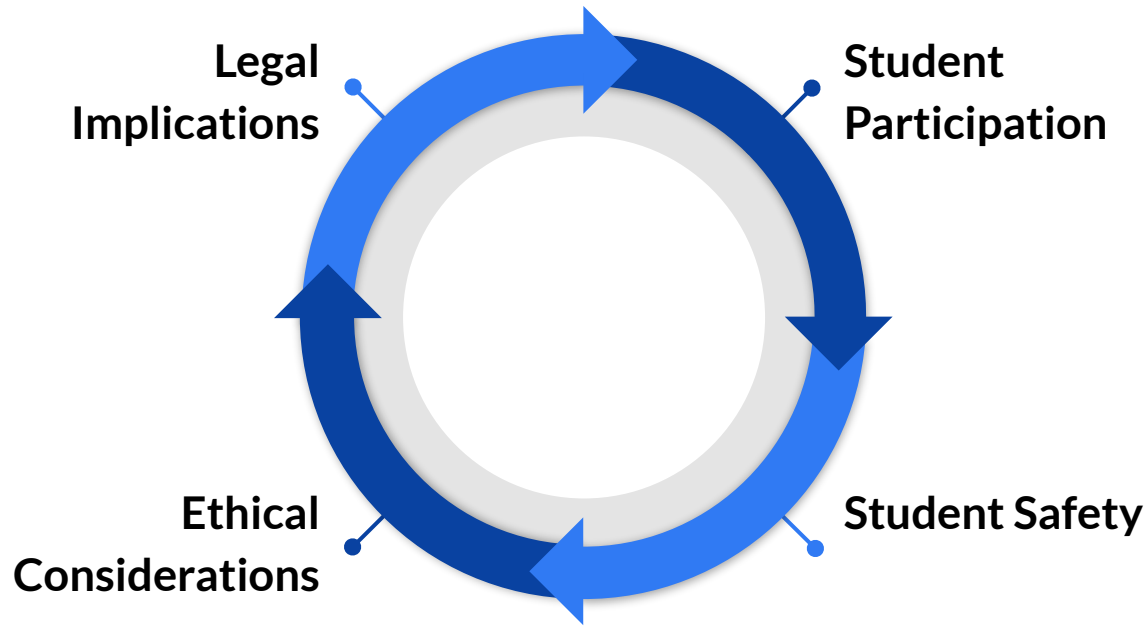
- Anticipatory Phase
- Oral Phase
- Pharyngeal Phase
- Esophageal Phase

Video of Swallowing

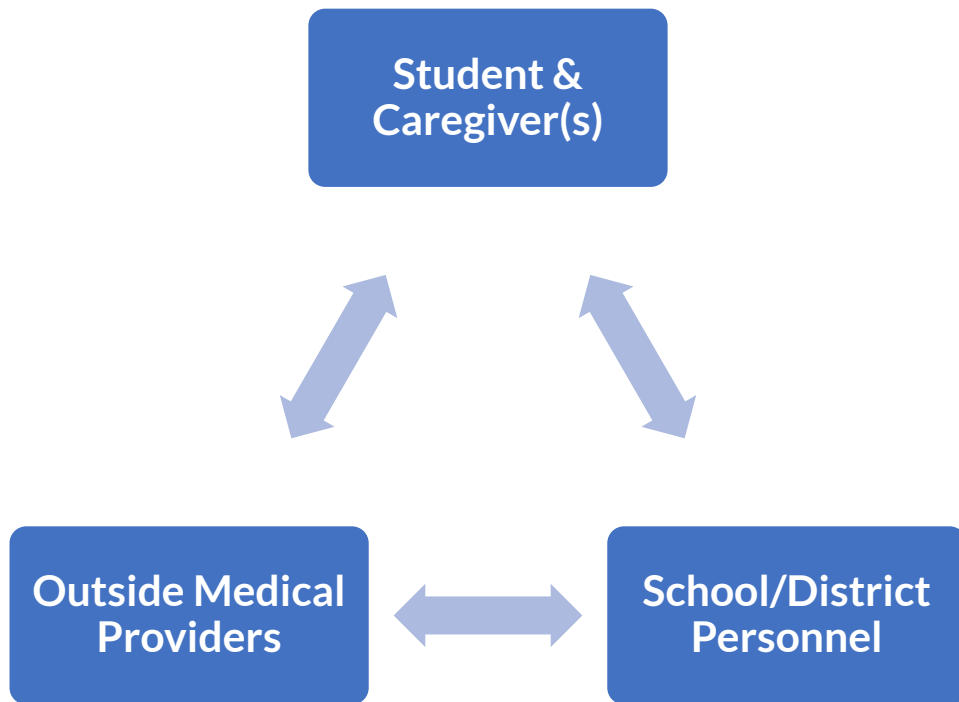
4 Stages of Normal Swallowing



Students with PFD have a right and need to participate in mealtimes at school

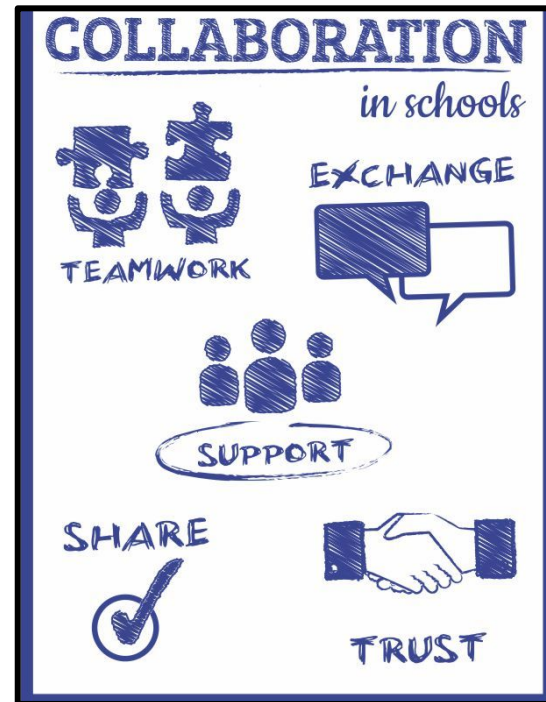


A Team Approach is Vital



School Teams in Wisconsin

- SLP, OT, PT
- Special Ed Teacher
- Regular Ed Teacher
- Paraprofessionals
- Administrators
- School Nurse
- Nutrition Team Member
- School Social Worker or Counselor




The Most Important Team Member

In every model, the caregiver(s) and student are the most important team members.

This includes considering student and caregiver culture as it pertains to food choices/habits, perception of disabilities, and beliefs about intervention

(Davis-McFarland, 2008; Villaluna & Dolby, 2024)



Roles and Responsibilities


Considerations for scope of practice AND competency

- Will look different for each team
- Can change over time (gained experience, active mentoring and training, role release)

Competency ≠ a single course or "certification"

School Teams are NOT Medical Teams

Responsibilities = Carryover and implementation of medical recommendations within the educational setting for participation in mealtimes (including hydration and caloric intake)



Procedures for Assessment

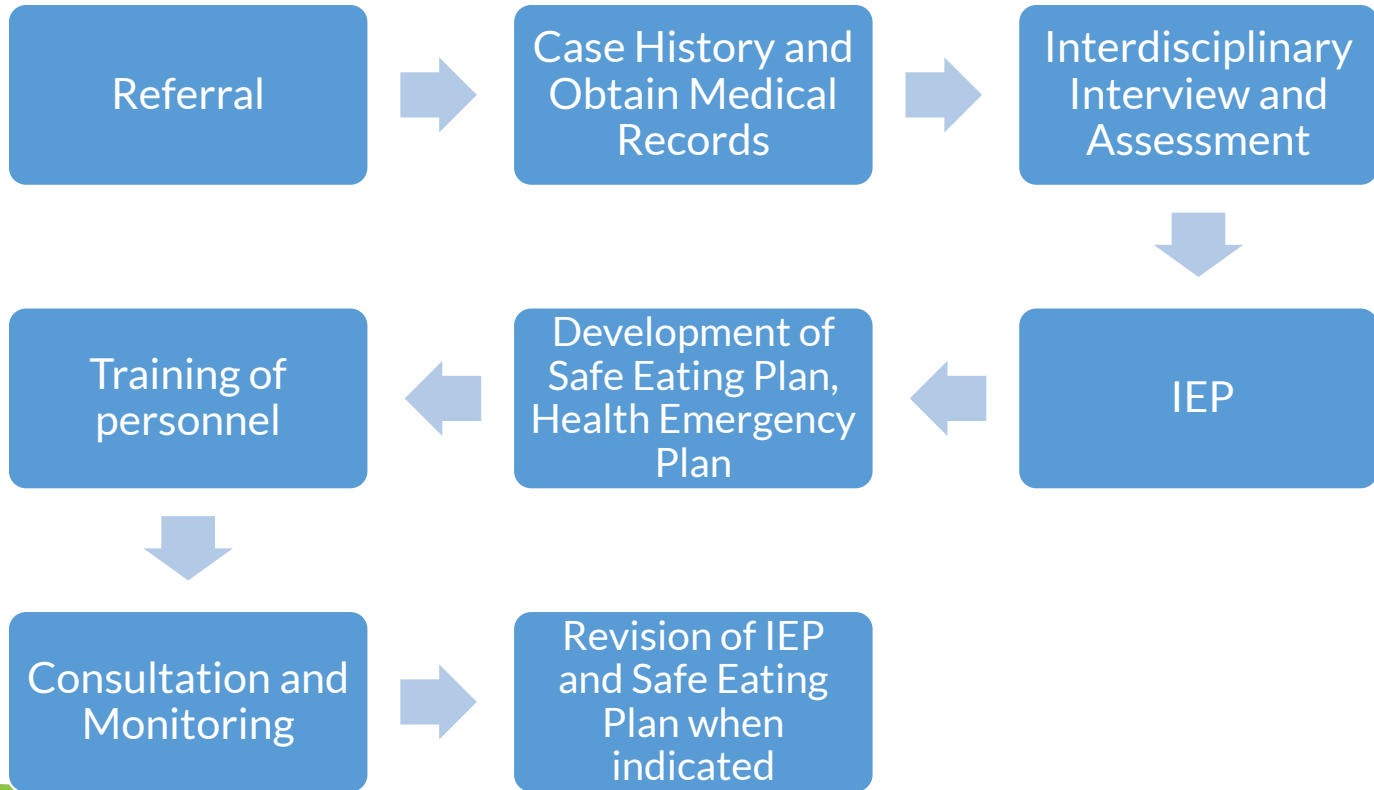
- Signs and Symptoms of Pediatric Feeding Disorder (PFD) by Domain
- Assessment Tools
 - Observations
 - Interviews
 - Screening Tools and Questionnaires

6-QUESTION SUBSET

Does your baby/child let you know when he is hungry?	YES	NO
Do you think your baby/child eats enough?	YES	NO
How many minutes does it usually take to feed your baby/child?	<5	5-30 >30
Do you have to do anything special to help your baby/child eat?	YES	NO
Does your baby/child let you know when he is full?	YES	NO
Based on the questions above, do you have concerns about your baby/child's feeding?	YES	NO

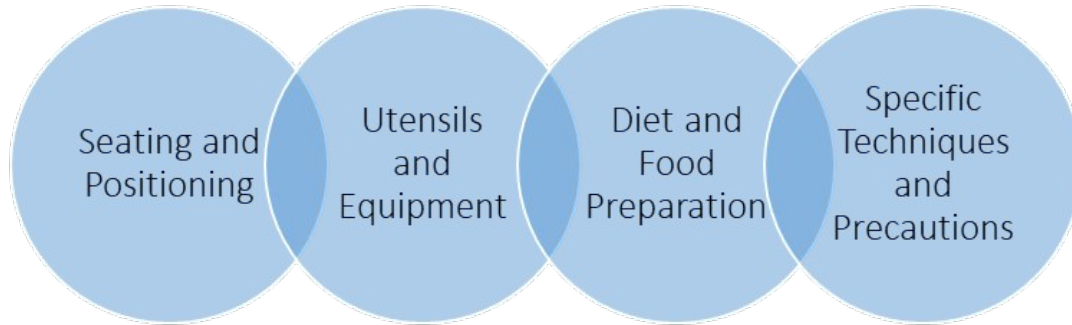
Red flag answers are in orange. If 2 or more of your answers are orange please contact your pediatrician.

Pediatric Feeding Disorders in the Schools



Safe Eating Plan

Example of a safe eating plan



Case Scenario - Lucy



Case Scenario - Levi



End Goal

Anticipated Outcomes:

1. Collaboration among team members
2. Improved mealtime monitoring in all environments within the school



Student Mealtime
Participation and Safety



Creating and Sharing a
Guidance Document

Impact

- Mealtimes are a social component of a school day; children spend much of their day in school
- Increases awareness of PFD in the schools
- Interdisciplinary sharing of resources for information and learning (capacity building)
- Encourages and supports all team members involvement with students with PFD

Feeding Red Flags in Children



Possible Accommodations for Children with Feeding Disorders Who Eat Orally

- Extra time for eating (for children with reduced endurance for self-feeding)
- Opportunity to bring special foods from home (for children with restricted diets, food allergies, or need for specific textures/consistencies)
- Opportunity to snack during instruction or short breaks from instruction during day for snacking (for children who may not reasonably be able to consume sufficient calories during a designated lunch period)
- Familiar adult to provide supervision during eating (for children who are safe to eat at school per medical team but who may be at some risk for aspiration or choking)
- Verbal or visual cues to chew/swallow
- Verbal or visual cues to help child take appropriate drink/bitesize to prevent choking
- Verbal or visual cues to monitor amount of food in mouth (for children who tend to “pack” food in cheeks or put too much food in mouth)
- Use of behavioral motivators (for children who need positive encouragement to eat)
- Use of specific chairs, utensils/cups/straws or positioners
- Use of fidgets or other sensory supports
- Lunch bunch group (adult supported peer group) to provide modeling and socialization during meals and snacks
- Reduce distractions during mealtimes

Family Resources Feeding Matters

- [Family Support - Feeding Matters](#)
[When to refer-child \(English\)](#)
[When to refer-child \(Spanish\)](#)
- [Understanding Pediatric Feeding Disorder – Vigeo](#) (Parenting Help Podcast)
- [Swallowing \(Dysphagia\) and Feeding Services in the School Setting: Things Parents Should Know](#)

feeding matters

ARE MEALTIMES A STRUGGLE?

It could be pediatric feeding disorder (PFD).

PFD impacts 1 in 37 children. It is more prevalent than autism and cerebral palsy.

Reference: Gosselin, S. G., & Gosselin, S. G. (2019). Pediatric Feeding Disorder: A Review. Pediatrics, 143(5), e20180101. doi:10.1593/pediatrics.2018-0101

WHAT IS PFD?

- Not eating what is typical for age
- Often gagging, choking during eating
- Stressful mealtimes for families
- A history of feeding challenges

PFD DEFINITION & DIAGNOSTIC CRITERIA

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.

SCREEN EARLY & OFTEN

The Infant & Child Feeding Questionnaire® & Question Screener

6 QUESTION SUBSET	
1. Does your baby/child eat what you know when he/she is hungry?	Yes No
2. Do you think your baby/child eats enough?	Yes No
3. How many minutes does it usually take to feed your baby/child?	<45 45-120 >120
4. Do you have to do anything special to help your baby/child eat?	Yes No
5. Does your baby/child let you know when he/she is full?	Yes No
6. Based on the questions above, do you have concerns about your baby/child's feeding?	Yes No

Red flags: 1: No; 2: No; 3: <45 or >120; 4: Yes; 5: No; 6: Yes. If two or more red flags are present, assess for PFD.

RESOURCES

Diagnostic Toolkit Family Support When to Refer

NEW CODES FOR PFD

R63.31 Pediatric feeding disorder, acute
R63.32 Pediatric feeding disorder, chronic

www.feedingmatters.org

[Are Mealtimes a Struggle?](#)

Questions

QUESTIONS

