

Office of School Nutrition

Request to Use Enriched Pasta during School Year 2014-2015 – Additional Product Attachment

Justification for Request – Additional Products

SFA Name:		
CDE OSN USE	Product	Reasons for requesting flexibility (check all that apply)
ONLY		
☐ Approved	Name:	Students did not eat the product
	Manufacturer:	Students did not select the product
		When cooked, product's texture, appearance or taste was not accepted by students
		When held, product's texture, appearance or taste was not accepted by students
		SFA received negative parent and/or student feedback about product
		SFA has been unable to find an acceptable replacement product
	Product code:	Other:
☐ Approved	Name:	Students did not eat the product
	Manufacturer:	Students did not select the product
		When cooked, product's texture, appearance or taste was not accepted by students
		When held, product's texture, appearance or taste was not accepted by students
		SFA received negative parent and/or student feedback about product
		SFA has been unable to find an acceptable replacement product
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