



# INFANT FEEDING PLAN



Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Age at Evaluation: \_\_\_\_\_

## ALLERGIES

Does your child have any allergies?  No  Yes: \_\_\_\_\_

## MILK

What type of milk does your child drink?  Breast Milk  Milk, type: \_\_\_\_\_

Formula, Brand: \_\_\_\_\_  None

How much per feeding? \_\_\_\_\_ How many times per day? \_\_\_\_\_

## CEREALS

Please list the types of cereals your child eats: \_\_\_\_\_

How much per feeding? \_\_\_\_\_ How many times per day? \_\_\_\_\_

## FRUITS AND VEGETABLES

Please list the types of fruits and vegetables your child eats: \_\_\_\_\_

How much per feeding? \_\_\_\_\_ How many times per day? \_\_\_\_\_

## JUICES OR WATER

Please check what your child uses to drink:  Cup  Bottle  Sippy Cup

Please check what your child drinks:  Water  Juice, Flavors: \_\_\_\_\_

How much per feeding? \_\_\_\_\_ How many times per day? \_\_\_\_\_

## FINGER FOODS

Please list the types of finger foods your child eats: \_\_\_\_\_

How much per feeding? \_\_\_\_\_ How many times per day? \_\_\_\_\_

## OTHER

Please list the other types of foods (e.g. meat, fish, eggs, beans) that your child eats: \_\_\_\_\_

How much per feeding? \_\_\_\_\_ How many times per day? \_\_\_\_\_

Can your child feed himself/herself?  Yes  No

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Caregiver's Signature

Parent Updates (Initial and Date): \_\_\_\_\_

Teacher Updates (Initial and Date): \_\_\_\_\_