

**TEST TRAY REQUEST FROM SPEECH THERAPY**

Please deliver the following items to the nursing station prior to the FEES Test for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you!

Napkins, extra cups, spoons and forks

Half a soft salad sandwich (egg, tuna, chicken)

 Scrambled eggs or cottage cheese

Mixed fruit

Cold cereal with milk

 Puree fruit

Thickener and juice or pre-thickened juice drinks (Nectar and Honey)

Ice cream

Milk

Salad

Banana

Apple

Cookies or crackers

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_