



FEES 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, 1-2 STRAWS
- Half a soft salad sandwich (egg, tuna, chicken)
- Scrambled eggs or cottage cheese
- Mixed fruit or soup with noodles
- Cold cereal with an extra milk
- Puree fruit/applesauce
- Thickener and juice or pre-thickened juice drinks (Nectar and Honey)
- Ice cream
- Milk
- Salad with dressing
- Banana
- Apple
- Cookies or crackers (fruit-filled or sandwich-type cookies, graham crackers, Saltines)
- Other: _____

****For SLP consideration: When testing to advance toward a more regular diet, please request ground meat, regular meat, gravy, regular vegetable and pasta or rice as you deem appropriate.****