



Infant Written Dietary Instructions

Child's Name: _____ Date of Birth: _____ Enrollment Date: _____

Sample Feeding Schedule:

| Time | What is fed | Amount (if range please indicate) |
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Developmental Milestones (circle all that apply):

- Turns mouth toward nipple, sucks, swallows with tongue moving forward.
- Begins to hold head up better.
- Recognizes the bottle and person who feeds.
- Begins chewing movements.
- Swallows without tongue moving forward.
- Holds head up well, sits with support.
- Reaches for things and puts them in mouth.
- Sits well alone.
- Grabs spoon.
- Begins to feed with fingers.
- Chew with up and down motion.
- Gets spoon to mouth, often upside down.
- Begins to feed self well, although still many spills.
- Eats table food with few modifications in texture.
- Weaned from bottle
- Uses Sippy Cup

Feeding Instructions:

- Type of feeding (circle):
 - Breast Milk
 - Formula
 - Brand of formula _____
 - Type of formula _____
 - Type of water _____
- Temperature of feeding _____
- Type of cup _____
- Type of bottle / nipple _____
- Iron Fortified, dry, plain infant cereal (circle) Rice Oat Barley
 - Number of tablespoons: _____ Mixed with _____.
- Fruits and / Veg. – only plain fruits and veg., no citrus, no raw (except bananas): RED WHITE BLUE GREEN YELLOW ORANGE
 - Number of tablespoons _____

Modified Table Food Instructions:

- Serve hot lunch from Kowalskis? _____ if yes, review lunch menu to determine if substitutions are needed
- Modification of texture needed (circle)
Strained Mashed Chopped Soft cooked Cut None Needed
- Bread or bread alternate (optional) Amount _____
 - 100% Fruit Juice
Type of cup _____
Number of ounces _____ (no more than 4 ounces per serving)
- Meat or meat Alternate (circle):
Plain meat Fish Poultry Egg Yolk Cooked dry beans
Dry Peas Cheese Cottage Cheese Cheese Food
 - Number of tablespoons _____

Please attach any special dietary needs.

Parent Signature _____