

Infant/Toddler Feeding Plan

Date _____

Child's Full Name _____

Date of Birth _____

Does the child take a bottle? Yes No Is the bottle warmed? Yes No

Does the child hold own bottle? Yes No Can the child feed self? Yes No

Does the child eat: (check all that apply) Human Milk / Expressed Milk Formula

Strained Foods Whole Milk Baby Foods Table Food Other

What type formula used, if applicable? _____

Amount and time of formula/breast milk to be given? _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN

| Date | Time | Amount | Type |
|------|------|--------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Does the child take a pacifier? Yes (If yes, when? _____) No

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes No Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady? Yes No Closes lips around a spoon? Yes No

Opens mouth/leans forward in anticipation of food offered? Yes No

Transfers food from front of the tongue to the back and swallows? Yes No

Instructions for the introduction of solid foods _____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula) _____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN

| Time | Amount | Type |
|------|--------|------|
| | | |
| | | |
| | | |
| | | |

Any updated instructions regarding adding new foods or other dietary changes, please list as needed.

PARENT'S SIGNATURE: _____ Date: _____