

FEEDING ASSESSMENT



SPEECH THERAPY CENTER OF
EXCELLENCE

I. History

When did the child's feeding problems begin? _____

Is there a history of vomiting, gastroesophageal reflux, food allergies, or constipation? _____

Has the child ever taken medication for GI problems? _____

List child's physicians, nutritionists, therapists _____

Were any successful in changing feeding behaviors? _____

What recommendations were provided? _____

Has the child had any diagnostic tests, surgeries, or hospitalizations? _____

Has the child ever required non-oral feeding by a nasogastric tube or gastrostomy? _____

At what age was the child first introduced to solid foods? _____

How did the child respond to these new foods? _____

II. Caregiver Interview

What types of foods does your child eat? _____

How much food/liquid is typically consumed? _____

How long and how frequent are meals and snacks? _____

What types of utensils, bottles, nipples, or cups are used during feeding? _____

How is the child positioned at mealtime? _____

What strategies have been used to encourage the child to eat? (distraction, withholding preferred foods, rewarding the child with toys?) and how successful have these strategies been? _____

Does the child eat independently, or is he/she fed by caregivers?

How frequently does the child experience coughing, gagging, or vomiting?___
