

**Welcome to OTA Feeding Program!**

Our initial goal at OTA is to reduce the stresses around eating, and increase your child’s confidence to interact with foods from all food groups. Many children come to us after years of struggling with eating. Given that it takes a child 2 years to fully learn to eat (from infancy to toddlerhood), it is likely it will also take an extended period of time for children to re-learn to eat. Giving up negative thoughts and feelings around food and adopting positive feelings as well as letting go of avoidance behaviors requires patience and understanding of each child’s particular needs. In order to gain the most insight to your child’s feeding history prior to your evaluation, please fill out the following forms attached below:

* Feeding Goals
* Daily Food Logs- 3 Days Total

Filling out these forms **prior** to your initial evaluation will allow your evaluating therapist to gain the most insight into your child’s current eating habits at home.

Please reach out to Mary Long: mlong@otawakefield.com if you have any further questions before your evaluation.

We look forward to eating with you!

**Feeding Goals**

1. **My goals for feeding therapy are:**

1. **Please describe what your child’s most challenging mealtime behaviors are:**

1. **Please describe what you have done at home to address these challenging mealtime behaviors. What has worked/what has not?**
2. **How have you changed your behavior at meal times to help your child overcome their mealtime challenges?**

Please answer the following **yes/no** questions and **explain** as applicable:

1. \_\_\_\_\_\_ My child is sitting easily for meals and eating preferred foods at the table.

**Explanation:**

1. \_\_\_\_\_\_ My child is sitting easily for \_\_\_ minutes at the table for meals but is not eating.

**Explanation:**

1. \_\_\_\_\_\_ My child is sitting for meals but needs distractions for the entire time.

**Explanation:**

1. \_\_\_\_\_\_ I have been able to control meal and snack times to discourage grazing.

**Explanation:**

1. \_\_\_\_\_\_ My child eats the same foods daily.

**Explanation:**



**Name:**

**DOB:**

**Date: / / Sun Mon Tu Wed Thurs Fri Sat**

**Daily Food Log- Day 1**

*Please record all food, liquid, and medications for 3 days.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Food or Liquid Offered** | **Amount** | **Feeding** Oral Tube | **Medication**(Name and Dosage) |
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Today, my child’s appetite was: \_\_\_\_ Usual \_\_\_\_\_ Better than usual \_\_\_\_\_\_Poor

Today, my child was ill: \_\_\_\_\_ No \_\_\_\_\_ Yes- if so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does your child sit for meals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is on formula, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes:

Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Name:**

**DOB:**

**Date: / / Sun Mon Tu Wed Thurs Fri Sat**

**Daily Food Log- Day 2**

*Please record all food, liquid, and medications for 3 days.*

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| **Time** | **Food or Liquid Offered** | **Amount** | **Feeding** Oral Tube | **Medication**(Name and Dosage) |
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Today, my child’s appetite was: \_\_\_\_ Usual \_\_\_\_\_ Better than usual \_\_\_\_\_\_Poor

Today, my child was ill: \_\_\_\_\_ No \_\_\_\_\_ Yes- if so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does your child sit for meals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is on formula, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes:

Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Name:**

**DOB:**

**Date: / / Sun Mon Tu Wed Thurs Fri Sat**

**Daily Food Log- Day 3**

*Please record all food, liquid, and medications for 3 days.*

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| **Time** | **Food or Liquid Offered** | **Amount** | **Feeding** Oral Tube | **Medication**(Name and Dosage) |
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Today, my child’s appetite was: \_\_\_\_ Usual \_\_\_\_\_ Better than usual \_\_\_\_\_\_Poor

Today, my child was ill: \_\_\_\_\_ No \_\_\_\_\_ Yes- if so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does your child sit for meals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is on formula, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes:

Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_