

## INFANT FEEDING PLAN

Child's Full Name \_\_\_\_\_ Date \_\_\_\_\_

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)

Strained Foods [ ] Whole Milk [ ]  
Baby Foods [ ] Table Food [ ]  
Formula [ ] Other [ ]

What type formula used, if applicable? \_\_\_\_\_

Amount and time of formula/breast milk to be given? \_\_\_\_\_ Date \_\_\_\_\_

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

### 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 [ ]  
Opens mouth/leans forward in anticipation of food offered? Yes [ ] No [ ]  
Closes lips around a spoon? 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: \_\_\_\_\_