

1. Does your child require any type of therapeutic or special diet? If yes, please describe:	YES NO	If yes, initiate <b>Special Diet Form</b> and <b>Nutrition Referral Process</b> . Special Diet Form must be completed and signed by a physician (MD) within two weeks and the nutrition coordinator notified before the child receives any meals at site.
2. Does your child drink from a bottle?	YES NO	If yes, share information regarding risk of baby bottle tooth decay.
3. What type of vitamin supplement (tablets or drops) does your child take? Vitamins with iron      Vitamins without iron Fluoride                      Iron None		Should not receive vitamins with iron <b>plus</b> iron supplements at the same time. Need fluoride daily to make tooth enamel strong and resistant to cavities.
4. Do you have any questions or concerns about the way your child is eating?	YES NO	Describe:
5. Does your child drink caffeine-containing drinks such as Coke, Pepsi, tea or coffee two or more times a day?	YES NO	If yes, provide handout-Caffeine Connection. Recommend no caffeine to children - may contribute to insomnia and increased activity.
6. Does your child ever eat non-food items such as dirt, clay, paint chips?	YES NO	If yes, describe how often. Mention that dirt may contain toxic substances and parasites. This may also be a symptom of anemia/lead poisoning. (Handout).
7. Who usually makes your child's meals? _____		
8. What times does your child usually eat? Breakfast _____ Snacks _____ Lunch _____ Dinner _____		Encourage 3 regularly scheduled meals and 2 - 3 regularly scheduled snacks daily.
9. Are you currently receiving WIC services? (Women, Infants & Children Services) If no, would you like more information? If yes, WIC verification: WIC I.D. # _____  If yes, what kind of nutrition counseling have you received?	YES NO  YES NO	If no, is family eligible? Provide WIC information.
10. Would you like more information on the following? ___ How to Stretch Your Food Dollars ___ How Do I Get My Child and Family to eat? ___ Basic Nutrition: Food Guide Pyramid ___ Reading Food Labels. ___ Food Safety ___ Food Stamps Other: _____	YES NO	Coordinate workshop topics with the Nutrition Coordinator.  If no, is parent eligible? Refer to County Dept. of Health and Human Assistance.
11. Are you missing anything in the way of cooking equipment or utensils which you need to prepare your family's meals? ( <i>Head Start does not provide these items free, but can assist you in resources to purchase items at a reasonable cost.</i> ) Stove    Oven    Refrigerator    Sink    Plates Eating Utensils    Pots & Pans    Running Water Other _____		Emphasize that Head Start does not provide these items free, however we can offer resources to purchase items at a reasonable cost.
12. Does your child need assistance drinking from a cup?	YES NO	If yes to any question, refer to <b>Nutrition Referral Process</b> for assessment by the Nutrition Coordinator.
13. Does your child require any special adaptive feeding equipment to eat or drink? If yes, please describe: _____	YES NO	
14. Does your child need assistance eating?	YES NO	
15. Does your child have trouble chewing or swallowing?	YES NO	

**DIETARY INTAKE**

Please indicate how many times each food is usually eaten daily, weekly or never. Include all meals and snacks eaten at home or away from

home.

FOOD	DAILY	WEEKLY	INTERVENTION	INADEQUACY
Milk Cheese Yogurt			Counsel to consume at least 2-3 times per day, or will be at risk for inadequate CALCIUM, PROTEIN.	
Meat Fish Eggs Peanut Butter Beans (pinto, lima, soy, garbanzo, kidney, blackeyed peas, split peas, tofu, lentils)			Counsel to consume at least 2 times per day or will be at risk for inadequate PROTEIN, IRON. Provide handout.	
Cereal Bread Tortilla Crackers Rice Noodles			Counsel to consume at least 5 times per day or will be at risk for inadequate CARBOHY-DRATE, CALORIES, IRON, B-VITAMINS. Provide handout.	
Orange or Juice, Grapefruit or Juice, Vitamin C rich fruits (cantaloupe, kiwi, strawberries, tangerine, papaya, tomato or juice, salsa, cabbage, brussels sprouts, broccoli).			Counsel to consume daily or will be at risk for inadequate Vitamin C. Provide handout.	
Dark Leafy Greens (Spinach, chard, bok choy, romaine, etc.) Mango, carrots, Cantaloupe, Yams, Apricots, Deep Yellow Squash			Counsel to consume at least 3 times per week or will be at risk for inadequate vitamin A. Provide handout.	
Apples, bananas, pears, peaches, nectarines, raisins, plums, prunes, grapes, corn, peas, green beans, potatoes, lettuce, beets, artichokes, eggplant, other fruits and vegetables.			Counsel to consume at least 3 times per day or will be at risk for inadequate: FIBER, VARIETY, and contribution toward intake of adequate VITAMIN A and VITAMIN C. Provide handout.	
Candy, Sweets, Desserts Sugar rich beverages: sodas, punch, Kool-Aid, Hi-C Sugar Coated Cereal			None needed. If more than 3 servings per day, counsel to limit these cariogenic foods and choose meals and snacks from other food groups. Excessive amounts of these foods will compromise intake of more nutritious foods. Encourage these foods in moderation.	

ADDITIONAL COMMENTS:

		FOOD	SERVINGS	DAILY	WEEKLY
1. Does your child require any type of therapeutic or special diet? If yes, please describe:	YES NO	Milk Cheese Yogurt			
2. Does your child drink from a bottle?	YES NO	Meat Fish			
3. What type of vitamin supplement (tablets or drops) does your child take? Vitamins with iron      Vitamins without iron Fluoride                      Iron                      None	YES NO	Eggs Peanut Butter Beans (pinto, lima, soy, garbanzo, kidney, blackeyed peas, split peas, tofu, lentils)			
4. Do you have any questions or concerns about the way your child is eating?	YES NO				
5. Does your child drink caffeine-containing drinks such as Coke, Pepsi, tea or coffee two or more times a day?	YES NO	Cereal Bread			
6. Does your child ever eat non-food items such as dirt, clay, paint chips?	YES NO	Tortilla Crackers			
7. Who usually makes your child's meals? _____	YES NO	Rice Noodles			
8. What times does your child usually eat? Breakfast _____ Lunch _____ Snack _____ Dinner _____		Orange or Juice, Grapefruit or Juice, Vitamin C rich fruits (cantaloupe, kiwi, strawberries, tangerine, papaya, tomato or juice, salsa, cabbage, brussels sprouts, broccoli).			
9. Are you currently receiving WIC services? (Women, Infants & Children Services) If no, would you like more information? If yes, WIC verification: WIC I.D. # _____ If yes, what kind of nutrition counseling have you received?	YES NO YES NO	Dark Leafy Greens (Spinach, chard, bok choy, romaine, etc.)			
10. Would you like more information on the following? ____ How to Stretch Your Food Dollars ____ How Do I Get My Child and Family to eat? ____ Basic Nutrition: Food Guide Pyramid ____ Reading Food Labels. ____ Food Safety ____ Food Stamps Other: _____	YES NO	Mango, carrots, Cantaloupe, Yams, Apricots, Deep Yellow Squash			
11. Are you missing anything in the way of cooking equipment or utensils which you need to prepare your family's meals? ( <i>Head Start does not provide these items free, but can assist you in resources to purchase items at a reasonable cost.</i> ) Stove    Oven    Refrigerator    Sink    Running Water    Plates Eating Utensils    Pots & Pans Other _____		Candy, Sweets, Desserts  Sugar rich beverages: sodas, punch, Kool-Aid, Hi-C  Sugar Coated Cereal			
12. Does your child need assistance drinking from a cup?	YES NO	14. Does your child need assistance eating?		YES	NO
13. Does your child require any special adaptive feeding equipment to eat or drink? If yes, please describe: _____	YES NO	15. Does your child have trouble chewing or swallowing?		YES	NO

COMMENTS:  
 1<sup>st</sup> Year Parent: \_\_\_\_\_ Date: \_\_\_\_\_      1<sup>st</sup> Year Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
 2<sup>nd</sup> Year Parent: \_\_\_\_\_ Date: \_\_\_\_\_      2<sup>nd</sup> Year Staff: \_\_\_\_\_ Date: \_\_\_\_\_