



# Meeting Street

believing in the possibilities

## Feeding Questionnaire

**Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Age:** \_\_\_\_\_

1. is your child allergic to any foods, or are there any foods he/she should not eat for any reason? Please list:

\_\_\_\_\_  
\_\_\_\_\_

2. Describe allergic reaction or result if the food listed above is eaten:

\_\_\_\_\_

3. List any special utensils or equipment used for feeding (coated spoon, training cup, premie nipple, etc.) \_\_\_\_\_

4. What position is your child in for meals? (sitting, reclining in high chair, on lap, in booster seat, etc.) \_\_\_\_\_

5. How does your child take liquids? (cup, bottle, etc.): \_\_\_\_\_

6. Does your child hold the cup/bottle? \_\_\_\_\_ Does your child bring cup/bottle to mouth without help? \_\_\_\_\_

7. How much does your child drink in one day? \_\_\_\_\_

8. How long does it take your child to eat a meal? \_\_\_\_\_

9. Does your child like a variety of tastes? \_\_\_\_\_

10. How does your child react to new textures? \_\_\_\_\_

\_\_\_\_\_