TODDLER NUTRITION/HEALTH QUESTIONNAIRE (13-36 months)

Center-Based: Complete a NEW FORM twice a year and review/update each form 3 months later. (Total of 4 meetings a year with parent)
Home-Based: Complete the questionnaire only when a child does not have a current Well-Baby Exam or Toddler Physical on file.

Child's Name: _____ **Date of Birth:** _____

DIETARY HABITS

1. Which of the following does your child drink?

□ breast milk □ formula □ breast & bottle □ cow's milk □ soy milk □ almond milk □ other _____

(a) How much milk does your child drink each day and when? _____

2. Does your child have any food allergies or intolerances? □ no □ yes
*If yes, submit a completed Request for Special Meals and/or Accommodations form to the Central Kitchen

3. Which foods do you give your child?
Ages 13-18 months: □ Iron-fortified cereal □ bread □ cut up fruits □ soft vegetables □ meats/protein: soft meat/beans □ dairy: milk/soft cheese/yogurt □ eggs (well-cooked) □ combo food (casseroles) □ none □ other:_____
Ages 19-36 months: □ cereal/oatmeal □ cracker/bread/tortilla □ fruits □ fruit juice □ vegetables □ meats/protein: nuts/seeds/beans □ dairy: milk/cheese/yogurt/whey protein powder □ eggs □ none □ other:_____

4. What is the consistency?
□ puree □ strained □ diced/chopped □ finger food □ whole □ other: _____

5. When does your child eat and how much? (include times and amount served, like: 'a handful' or 'half of a small plate')
Does your child have any special feeding or meal time routines?

6. What equipment can your child use?
□ Toddler cup □ regular cup □ spoon □ fork □ straw □ none

INDIVIDUAL DIAPERING/TOILETING PLAN

7. How does your child communicate that they need a diaper change or to use the potty?

8. What method(s) are you using to teach toileting skills to your child? □ N/A, child is potty trained

9. What concerns/instructions do you have about your child's daily diapering/toileting needs?

SPECIAL NEEDS PLAN

10. Is your child under the care of a physician right now? □ no □ yes condition: _____
*If yes, may require an IHP or Special Diet

11. Does your child have a diagnosed disability? □ no □ yes disability: _____

Additional comments/updates:

Initial Interview

Parent's Name: _____ **Parent's Signature:** _____ **Date:** ____/____/____

Staff Name: _____ **Staff Signature:** _____ **Date:** ____/____/____

Review/Update 3 months later (Center-Based Only) □ no updates

Parent's Name: _____ **Parent's Signature:** _____ **Date:** ____/____/____

Staff Name: _____ **Staff Signature:** _____ **Date:** ____/____/____