

**Individualized Needs Assessment  
Comprehensive Feeding Program Addendum**

Does your child have any food allergies and/or on a special food?

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Describe a typical eating day from am to pm for your child...

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Which types of foods are the easiest/the most pleasurable for your child?

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Which types of foods are the hardest/often refused by your child?

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What "utensil" does your child use when eating and feeding?

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Bottle | <input type="checkbox"/> Breast  |
| <input type="checkbox"/> Cup    | <input type="checkbox"/> Straw   |
| <input type="checkbox"/> Spoon  | <input type="checkbox"/> Fingers |
| <input type="checkbox"/> Fork   | <input type="checkbox"/> Other   |

Comments:

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Where is your child fed? \_\_\_\_\_

What are your primary concerns in regards to your child's feeding skills?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date