



Division of Students with Disabilities & English Language Learners



### Caregiver Mealtime Interview

Resource: This form is to be used only as a guide for conducting school-based feeding assessment for establishing baseline data.

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of person reporting information \_\_\_\_\_ Relationship to child \_\_\_\_\_

#### Mealtime Habits

What are your child's **favorite** foods and beverages?

What foods or drinks does your child **dislike**?

Who decides what and how much your child will eat?

Check off the types of foods he/she will accept:

- Fruits                       meats                       breads/cereals
- Vegetables                       dairy products                       sweets/snacks

Check off the textures of foods he/she will accept:

- Liquid                       Chopped                       Crunchy
- Blenderized                       Crisp                       Regular
- Mashed                       Chewy

Are there any foods that your child ate at one time that he/she will not eat now?

What, if any, vitamins or food supplements (such as Ensure, Sustacal) does your child take?

Does your child drink from

- Bottle?
- Cup?
- Straw?

Does your child feed himself/herself at least occasionally? If so, how?

- |  |   |
|--|---|
| <input type="checkbox"/> Using his/her fingers | <input type="checkbox"/> Part of meal     |
| <input type="checkbox"/> Using utensils        | <input type="checkbox"/> Occasionally     |
|  | <input type="checkbox"/> Most of the time |
|  | <input type="checkbox"/> All of the time  |

How long does it usually take for your child to eat:

- Breakfast  
 Lunch  
 Dinner

List the times of day your child usually eats (including snacks) and what your child eats at those times and where he/she eats them:

Does your child sit with anyone else at mealtime or is he/she fed separately?

Who feeds your child most of the time?

What does your child sit in for meals?

- |                                      |                                |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Chair       | <input type="checkbox"/> Couch |
| <input type="checkbox"/> Lap         | <input type="checkbox"/> Floor |
| <input type="checkbox"/> Other _____ |                                |

### **Mealtime Communication**

How does your child let you know that he or she is hungry or thirsty?

How does your child let you know when he or she is full?

How does your child let you know that he or she likes something?

How does your child let you know that he or she **dislikes** something?

How does your child let you know when he or she is uncomfortable?

What are your priorities for your child's eating?

### **General Developmental History**

Has your child had any of the following (if so, please describe what occurred and how old your child was at that time):

_____ Serious illnesses	_____ Chronic Diseases
_____ Serious accidents	_____ Traumatic events
_____ Hospitalization	

Is your child on any medication(s)? If so which one(s)?

### **Feeding History**

Do you have any concerns about your child's eating?

If there is a problem, when and how did you first notice it?

What did you do to try and solve the problem at that time?

Have you ever received any advice or help from a doctor, therapist, dietician or other professional for your child's feeding problem? If so, what was done or suggested about the problem?

At what age did your child begin eating the following:

_____ Strained foods (pureed and smooth, no lumps)
_____ Junior foods (pureed food with small lumps)
_____ Chewable foods (such as Cheerios or pieces of chicken or vegetable)

Has the doctor said that your child should not eat certain foods, if so which ones?

Does your child have any allergies?

Was your child ever on a feeding tube? If so, when and for how long? Do you know why he/she was placed on the tube?

Other comments or questions: