

MEALTIME PLAN CHECKLIST: *Use as a resource

Student's name: _____

Date: _____

GOALS

- _____ Lip closure around spoon
- _____ Lip seal on cup
- _____ Mouth closure to retain food
- _____ Lip closure around straw
- _____ Mid-range jaw movements
- _____ Lateral tongue movements
- _____ Rotary chewing
- _____ Ability to move food to molars
- _____ Tongue in mouth
- _____ Jaw will close to crush solids
- _____ Reduce tonic bite reflex
- _____ Chew on both sides of mouth
- _____ Drink from a straw
- _____ Grasp finger food and bring to mouth
- _____ Move arm separately from shoulder
- _____ Bend wrist when bring food to mouth
- _____ Scoop food onto spoon
- _____ Hold utensil without dropping it
- _____ Recognize food and open mouth when hungry
- _____ Recognize specific foods
- _____ Know when cup is empty
- _____ Know when food is all gone
- _____ Open milk carton
- _____ Pour milk into cup
- _____ Try not to spill
- _____ Differentiate between finger foods and fork foods
- _____ Wipe mouth as needed
- _____ Cut with knife and fork
- _____ Cut with edge of fork or spoon

ALERTS

- _____ **FOOD ALLERGIES** _____
- _____ Seizures
- _____ Drop seizures
- _____ Medication given at mealtime
- _____ Medication that affects behavior (e.g. gets sleepy)
- _____ Vision impairments
- _____ Hearing impairments
- _____ Tonic bite reflex

- _____ Fixed hips
- _____ Subluxations
- _____ Needs extra calories
- _____ Takes a food supplement
- _____ Other _____

UTENSILS

- _____ Cut-out cup
- _____ Flexi-cup
- _____ Two-handed cup
- _____ Cup with single handle
- _____ Cup with cover
- _____ Sports jug with straw and holder
- _____ Flexi-straw
- _____ Flexible tubing straw
- _____ Maroon spoon
- _____ Regular spoon
- _____ Regular fork
- _____ Regular knife
- _____ Built-up utensil
- _____ Angled utensil
- _____ Extension utensil
- _____ Rocker knife

FOOD TYPES

- _____ Puree only
- _____ Puree + supplemental transition foods
- _____ Transition foods
- _____ Regular meal
- _____ No tough foods
- _____ Room temperature foods
- _____ Bland foods
- _____ No acidic foods
- _____ Spicy foods
- _____ Other _____

COMMUNICATION MODE

- _____ Communication board
- _____ Electronic Device _____
- _____ Eye-gaze
- _____ Facial Expression
- _____ Gesture

CHOICE-MAKING METHOD

- _____ Needs to have choices placed where child can see them

- _____ Eye-gaze
- _____ Pointing
- _____ Reaching
- _____ Needs to be told choices
- _____ Communication device
- _____ Needs to taste foods first
- _____ Other _____

POSITIONING

- _____ Pull hips up and back (neutral pelvic tilt)
- _____ Support head with _____
- _____ Support by holding top
- _____ Check foot rests
- _____ Tilt lap tray
- _____ Put lap tray flat
- _____ Have student rest on elbows
- _____ Use rocking to reduce tightness
- _____ Other _____

SPOON FOODS

- _____ Use jaw control
- _____ Give occasional support under lip for closure
- _____ Tilt head forward to get lip closure
- _____ Press down lightly on tongue with spoon
- _____ Do not scrape food onto teeth
- _____ Wait for closure before withdrawing spoon
- _____ Use hand-in-hand technique for self-feeding
- _____ Flex wrist
- _____ Other _____

CHEWABLES

- _____ Place transition foods on molars
- _____ Push food down onto molars to start chewing
- _____ Rub cheek once in circular motion to start chewing
- _____ Use large bites to increase sensory input
- _____ Hold food midline and allow student to bite

MEALTIME PLAN CHECKLIST

Student's name:

Date:

_____ Help student put food on
molars

_____ Check mouth to be sure all
food is swallowed

_____ Other

DRINKING

_____ Use jaw control

_____ Use a finger under lip

_____ Give only one sip at a time

_____ Give 3-4 swallows at a time

_____ Make sure mouth is closed
when cup is placed on lip

_____ Student holds cup with two
hands

_____ Student holds cup with one
hand

_____ Other

ADDITIONAL

_____ Stuffs food in mouth – use
paced prompting technique