



Carmen Farina,  
Chancellor

Division of Students with Disabilities & English Language Learners



Ketler Louissaint  
Superintendent

### Eating Skills Screening

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Evaluators \_\_\_\_\_

School/class \_\_\_\_\_

<b>Positioning Screening</b>	
<i>Standard Positioning</i>	<i>Limiting Factors</i>

<p><b>Pelvis</b></p> <p><input type="checkbox"/> Pelvis neutral</p> <p><input type="checkbox"/> Pelvis against back of chair</p> <p><b>Trunk</b></p> <p><input type="checkbox"/> Trunk upright</p> <p><input type="checkbox"/> Trunk supported</p> <p><b>Legs</b></p> <p><input type="checkbox"/> Minimum of 90 degree hip and knee flexion for functional sitting</p> <p><input type="checkbox"/> Upper thigh support</p> <p><input type="checkbox"/> Ankles and feet supported by surface</p> <p><b>Shoulders</b></p> <p><input type="checkbox"/> Freedom of movement of shoulder girdle and scapula</p> <p><input type="checkbox"/> Upper back supported</p> <p><b>Head</b></p> <p><input type="checkbox"/> Head positioned at midline</p> <p><input type="checkbox"/> Chin tuck</p> <p><b>Arms</b></p> <p><input type="checkbox"/> Supported</p> <p><input type="checkbox"/> Freedom of movement</p>	<p><b>Pelvis</b></p> <p><input type="checkbox"/> Posterior Pelvic tilt                      <input type="checkbox"/> Anterior Pelvic tilt</p> <p><input type="checkbox"/> Pelvic Obliquity                              <input type="checkbox"/> Wind Swept deformity</p> <p><input type="checkbox"/> Decreased Range of mobility</p> <p><input type="checkbox"/> Any bracing or adaptive equipment/supports utilized? _____</p> <p><b>Trunk</b></p> <p><input type="checkbox"/> Scoliosis            <input type="checkbox"/> Fixed or    <input type="checkbox"/> Functional</p> <p><input type="checkbox"/> Low tone            <input type="checkbox"/> High tone</p> <p><input type="checkbox"/> Inadequate trunk rotation to achieve trunk symmetry</p> <p><input type="checkbox"/> Any bracing or adaptive equipment/supports utilized? _____</p> <p><b>Legs</b></p> <p><input type="checkbox"/> Hips positioned at less than 90 degrees of flexion/greater than 90 degrees of flexion</p> <p><input type="checkbox"/> Knees positioned at less than 90 degrees of flexion/greater than 90 degrees of flexion</p> <p><input type="checkbox"/> Leg length discrepancy</p> <p><input type="checkbox"/> Lack of support surface</p> <p><input type="checkbox"/> Any bracing or adaptive equipment/supports utilized? _____</p> <p><b>Shoulders</b></p> <p><input type="checkbox"/> Shoulders are elevated            <input type="checkbox"/> Shoulders are protracted            <input type="checkbox"/> Shoulders are retracted</p> <p>Additional supports/adaptations utilized? _____</p> <p><b>Head</b></p> <p><input type="checkbox"/> Poor Head Control                      <input type="checkbox"/> Head tilt or rotation towards one side</p> <p><input type="checkbox"/> Inadequate head and neck rotation to bring head to midline</p> <p><input type="checkbox"/> Head is extended                      <input type="checkbox"/> Head is flexed</p> <p><b>Arms</b></p> <p><input type="checkbox"/> No supporting surface            <input type="checkbox"/> Unable to bring to midline</p> <p><input type="checkbox"/> Low tone                                  <input type="checkbox"/> High Tone</p> <p><b>Reflexes</b></p> <p><input type="checkbox"/> ATNR                                      <input type="checkbox"/> STNR</p> <p><b>Movement Disorder</b></p> <p><input type="checkbox"/> Athetoid                      <input type="checkbox"/> Dystonia                      <input type="checkbox"/> Ataxia                      <input type="checkbox"/> Other _____</p>
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**Sensory and Communication**



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**Vision**

**Hearing**

**Environment**

- Student is able to sit and focus during mealtime
- If no, strategies required? \_\_\_\_\_

**Communication**

- Student makes choices: How? (Language, eye contact, vocalizations, facial/body gestures)  
\_\_\_\_\_
- Student uses Adaptive Communication Devices: What kind?  
\_\_\_\_\_
- Student follows directions:  
                    Verbal                      Demonstration

**Self Feeding Screening**

## Arms and Hands

- Student grasps utensil:  
Right hand      Left Hand
- Student uses adapted utensil
- If yes, what kind? \_\_\_\_\_
- Student can bring utensil to mouth:  
Independent      Needs Assistance
- Student holds cup:  
One hand grasp      Two hand grasp
- Student uses adapted cup
- If yes, what kind? \_\_\_\_\_
- Student spears food
- Student scoops food
- Student cuts food
- Student drinks from a straw
- Student opens containers (i.e. milk, juice)
- Student opens plastic packages (i.e. sporks, cookies)



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<b>Oral Feeding Skills</b>		
<i>Normal Oral Patterns</i>	<i>Functional Skills</i>	<i>Limiting Oro-Motor Patterns</i>

<input type="checkbox"/> <input type="checkbox"/> Jaw stability – opens and closes smoothly with appropriate amount <input type="checkbox"/> <input type="checkbox"/> Tongue stability – stays in mouth, except to lick lips <input type="checkbox"/> <input type="checkbox"/> Flattened, cup-shaped tongue <input type="checkbox"/> Tongue lateralizes for chewing <input type="checkbox"/> <input type="checkbox"/> Lip closure <input type="checkbox"/> Movements are smooth and controlled	<p><b>Spoon Foods</b></p> <input type="checkbox"/> <input type="checkbox"/> Flat tongue <input type="checkbox"/> Jaw and lips close smoothly to remove food <input type="checkbox"/> <input type="checkbox"/> Tongue stays in mouth during swallow <input type="checkbox"/> <input type="checkbox"/> Food completely swallowed	<p><b>Jaw</b></p> <input type="checkbox"/> <input type="checkbox"/> Jaw thrusting: Jaw moves open suddenly, with force or an exaggerated up-down excursion <input type="checkbox"/> <input type="checkbox"/> Tonic bite: Jaw moves upward into a tightly clenched posture when teeth are stimulated by finger, spoon, object. <input type="checkbox"/> Difficulty opening mouth.
	<p><b>Liquids</b></p> <input type="checkbox"/> <input type="checkbox"/> Jaw opens mid range and remains stable <input type="checkbox"/> Lower lip seals on cup <input type="checkbox"/> <input type="checkbox"/> Upper lip contacts liquid <input type="checkbox"/> <input type="checkbox"/> Jaw drops to pull liquid into mouth <input type="checkbox"/> Lips close <input type="checkbox"/> Tongue remains in mouth during swallow <input type="checkbox"/> <input type="checkbox"/> Liquid completely swallowed	<p><b>Lips and Cheeks</b></p> <input type="checkbox"/> Lip retraction: If muscle tone is too high, tendency for the lips and cheeks to be pulled into a retracted position. <input type="checkbox"/> <input type="checkbox"/> Limited upper lip movement: In high tone causes lips to be stiff. In low tone causes lips to be floppy or tight. <input type="checkbox"/> Low tone in cheeks
	<p><b>Chewables</b></p> <p>Bites down when food is placed between:</p> <input type="checkbox"/> <input type="checkbox"/> Incisors <input type="checkbox"/> <input type="checkbox"/> Molars <input type="checkbox"/> Repeated opening and closing of jaw to crush food <input type="checkbox"/> Lateralization of tongue to move food to molars <input type="checkbox"/> <input type="checkbox"/> Lateralization of jaw to crush food <input type="checkbox"/> <input type="checkbox"/> Food transferred to middle of tongue for swallow <input type="checkbox"/> <input type="checkbox"/> Transfers food from one side to the other <input type="checkbox"/> Student manages tough or chewy foods	<p><b>Tongue</b></p> <input type="checkbox"/> <input type="checkbox"/> Exaggerated tongue protrusion: In-out movement of the tongue is exaggerated. <input type="checkbox"/> Tongue moves forward beyond the border of the gums and may stick out between the lips. <input type="checkbox"/> <input type="checkbox"/> Tongue thrust: Forceful protrusion of the tongue from the mouth. May push food out of the mouth. <input type="checkbox"/> <input type="checkbox"/> Bunched tongue

*Resource: This form is to be used only as a guide for conducting school-based feeding assessment for establishing baseline data. Consult with all transdisciplinary team members that work with the student.*