



Home Feeding Plan

Child's Name: _____

Date: _____

I am going to try (**Choose at least 2**):

- ☐ Eat together/Family Meals
- ☐ Model different ways to interact with food
- ☐ Consider my child's sensory preferences (vision, touch, smell, taste, hearing, internal body signals, balance and movement, pressure) when introducing new foods
- ☐ Offer small portion sizes
- ☐ Prepare food together (list what you will do):

- ☐ Pack a snack or lunch together (list what you will do):

- ☐ Grocery shop together (list your child's role and how you will help):

- ☐ Set up the table together (what will your child do?):

When am I going to try this plan?

- ☐ tomorrow - ☐ breakfast ☐ lunch ☐ dinner
- ☐ _____ (day) - ☐ breakfast ☐ lunch ☐ dinner
- ☐ this weekend - ☐ breakfast ☐ lunch ☐ dinner

If not successful, I will try:

- ☐ try again on another time/day;
 - ☐ same food ☐ different food item
- ☐ make the change smaller/less noticeable
- ☐ Discuss with my therapist: Early Interventionist, SLP, OT, PT, dietician, another referring professional (see comment*)
- ☐ other: _____

*If you continue to have concerns about your child's feeding after attending the workshop, **completing this home plan**, and trying several feeding strategies, contact your referring therapist to discuss referral to other CTN feeding resources, such as Local Team Feeding.