

## Food Checklist

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Therapist \_\_\_\_\_

Dear Parent/Guardian - Please check the foods your child likes to eat:

<b>Puree/Mushy</b>	yogurt ___ pudding ___ applesauce ___ cream cheese ___ jello ___ cottage cheese ___ mashed potatoes ___ sour cream ___ Other _____
<b>Semi-Soft</b>	Pancakes ___ Waffles ___ Pasta ___ Eggs ___ Oatmeal ___ Other _____
<b>Crunchy</b>	apples ___ chips ___ cheerios ___ pretzels ___ toast ___ raw veggies _____ cucumbers ___ crackers ___ graham crackers ___ goldfish ___ rice cakes ___ puff corn ___ cheezits ___ veggie sticks ___ Other _____
<b>Salty</b>	potato chips ___ fritos ___ chex mix ___ Other _____
<b>Spicy</b>	dips ___ Doritos ___ salsa ___ cinnamon ___ ketchup ___ mustard ___ salad dressings ___ Other _____
<b>Sour</b>	Pickles ___ lemon ___ grapefruit ___ Other _____
<b>Chewy</b>	cheese sticks ___ pasta ___ mac & cheese ___ bread ___ fruit bars ___ hamburger ___ twizzlers ___ french fries ___ chicken fingers ___ Other _____
<b>Sweet</b>	cookies _____ cake _____ lollipops ___ m&m's ___ jelly ___ pear ___ peach ___ orange ___ Other _____
<b>Hot</b>	hot chocolate ___ soup ___ Other _____
<b>Cold</b>	ice pops ___ ice cream ___ sherbert ___ ices ___ yogurt ___ Other _____
<b>Drinks</b>	milkshakes ___ yogurt shakes ___ smoothies ___ club soda ___ sparkling water ___ Other _____

**Does your child..... Y (yes) N (no) – please circle**

Blow bubbles	Y	N		
Sip through a straw	Y	N		
Finger feed	Y	N		
Use a fork	Y	N		
Use a spoon	Y	N		
Drink from a cup	Y	N	Sippy cup	Y N
Wipes face	Y	N		
Brush teeth	Y	N		

**Does your child have any food allergies?** \_\_\_\_\_

**Caution - Food which may cause allergies and choking hazard:**

peanut butter, nuts, popcorn, raisins, whole grapes, jelly beans, gummy bears, caramel, hard candies, hot dogs, marshmallows, fruit roll-ups, hard vegetables