NEW FEEDING MILESTONES

Name:

Date:

New food I tried today:

How: ☐ Served myself the food ☐ Touch ☐ Smell ☐ Lick ☐ Bite ☐ Eat

Comments:

Cup use: ☐ None ☐ Cup with straw ☐ Sippy cup with spout
☐ Open cup (no lid/straw/spout) ☐ Other:

How: ☐ By self ☐ With support ☐ Both

Comments:

Utensils: ☐ None ☐ Spoon ☐ Fork ☐ Other:

How: ☐ By self ☐ With support ☐ Both

Comments:

Self-feeding: ☐ I fed myself ☐ I was spoon fed/had help ☐ Both

Comments:

Texture: ☐ Puree ☐ Mashed ☐ Minced ☐ Chopped
☐ Finger foods ☐ Family foods

Comments:

This resource has been developed by the Good for Kids team for the Tiny Bites program.