

FEEDING UPDATE



Name:

Date:



Meal/Snack 1:

Amount eaten

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

Water / other drinks

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2



Meal/Snack 2:

Amount eaten

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

Water / other drinks

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2



Meal/Snack 3:

Amount eaten

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

Water / other drinks

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

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



Meal/Snack 4:

Amount eaten

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2

Water / other drinks

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All x2



Expressed Breastmilk (EBM) / Formula

☐ EBM ☐ Formula Time: _____
Bottle / cup size: _____ ml

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All+

☐ EBM ☐ Formula Time: _____
Bottle / cup size: _____ ml

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All+

☐ EBM ☐ Formula Time: _____
Bottle / cup size: _____ ml

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All+

☐ EBM ☐ Formula Time: _____
Bottle / cup size: _____ ml

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All+

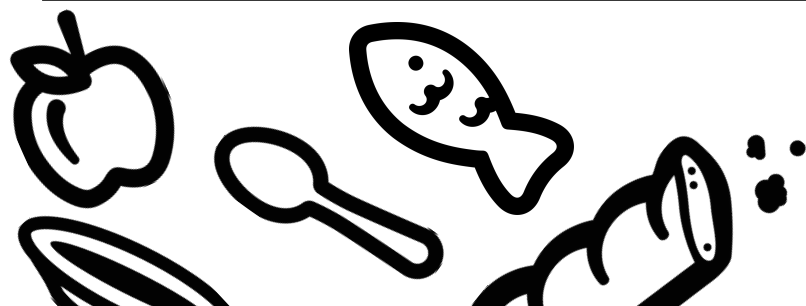
☐ EBM ☐ Formula Time: _____
Bottle / cup size: _____ ml

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All+

☐ EBM ☐ Formula Time: _____
Bottle / cup size: _____ ml

☐ None ☐ $\frac{1}{4}$ ☐ $\frac{1}{2}$ ☐ $\frac{3}{4}$ ☐ All ☐ All+

Comments:



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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

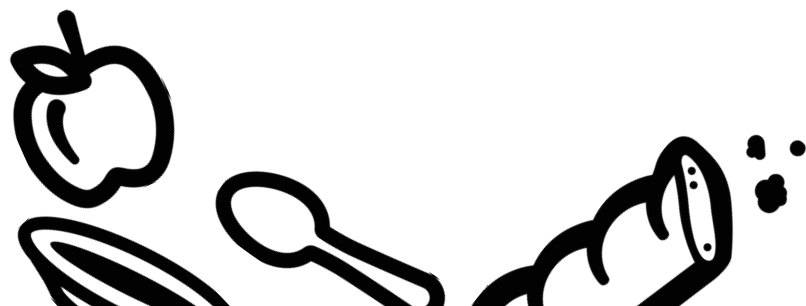
Comments:



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

Comments:

Notes:



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