

Food Experiences Checklist

Young Person's Name:

Filled in by:

Date:

This information from this checklist is intended to inform a food experiences group supported by the classroom Occ T and SLT. Please contact the class teacher if you are NOT happy for your child to participate.

Particular difficulties with eating/drinking (e.g. diagnosed dysphagia, choking, pocketing foods.....):

The aim of these sessions is to provide a positive and safe environment, for exploring and experiencing a variety of foods and textures. This is also a great session to layer on communication using a variety of tools to support conversations about the experiences.

Food intolerances or allergies:

Food groups eaten:

Food Group	Tick if eats	Comments (e.g. which ones, type, used to eat...)
Fruits		
Vegetables		
Meats/Other Proteins (e.g. Meats, Beans, Nuts, Tofu....)		
Dairy Products		
Grains & Starches		
Non-Food Items		

Describe actions when exposed to new foods (e.g. licks, takes a bite, touches, tastes, smells, tolerates on plate.....):

Food preferences:

Food Descriptor	prefers	neutral	avoids	comment
crunchy				
smooth				
lumpy (e.g. porridge, yogurt with fruit bits....)				
specific colour (e.g. white, orange, yellow foods)				
food combinations (e.g. stews, stir fry,				
liquids				
Brands (e.g. only eats specific brands of foods)				
spicy				
bland				

sour				
sweet				

Are there any foods you would like us to explore in particular:

Other comments/notes:

For advice and guidance, please return completed form to:

Michelle King
Speech Language Therapist
Specialist Services Team Leader
michelle.king@allenvale.school.nz

An Allenvale Specialist will be in touch to support you.