FEEDING OBSERVATION CHECKLIST

Student:_____School: _____Date: _____

Staff at observation: _____

Food #1: _____

Food #2: _____

Food #3: _____

Food #4: _____

Liquids:

Regular Consistency Y ❑ N ❑

Thickened Consistency Y ❑ N ❑

Cup Drinking Y ❑ N ❑

Straw Drinking Y ❑ N ❑

Food/drink Preference

Likes _____

Dislikes _____

Behavioral observations while feeding/drinking:

Coughing, gagging, choking Y ❑ N ❑

Drooling Y ❑ N ❑

Arches back into hyperextension during/after feeding Y ❑ N ❑

Turns head to left during and after feeding Y ❑ N ❑

Re-swallowing behavior Y ❑ N ❑

Difficulty coordinating breathing/swallowing Y ❑ N ❑

Heimlich or intervention required Y ❑ N ❑

Developed by HDESD OT Team May 2019

Gurgling during and following swallow Y ❑ N ❑

Tires easily, need small frequent feedings Y ❑ N ❑

Loses liquid/food from mouth Y ❑ N ❑

Poor food lateralization Y ❑ N ❑

Emesis Y ❑ N ❑

Orientation:

Alert and responsive Y ❑ N ❑

Follows directions Y ❑ N ❑

Interested in eating Y ❑ N ❑

Cooperative Y ❑ N ❑

Comments:

Speech Language Pathologist:_____Email_____

Occupational Therapist:_____Email_____

School Nurse:_____Email_____