

**A Place To Grow
 Infant Feeding Schedule and Parent Interview Sheet
 Must be completed for all children less than 15 months old.**

Name of Child _____ Date _____

Date of Birth _____

General Instructions:

1. Food/Bottle Brought Daily: (quantity)

2. Instructions for feeding:
 - A. Bottles (formula, breast milk, juice)

 - B. Food (cereal, jar food, table food)

Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Introduce:	Date	New Instructions	Parent or Staff Signature
------------	------	------------------	------------------------------

Juice

Cereal

Baby Food

Milk

Table Food

	Yes	No	Comments
Warm bottle	_____	_____	
Warm food	_____	_____	

Self-feeder _____
Spoon _____
Sippy cup _____

What is the best way to burp your baby: _____

What techniques are used to get your baby to sleep: _____

How long does your baby sleep: _____

What is the longest nap you would like for your baby to take: _____

Describe anything unusual concerning your child's bowel and bladder function: _____

How is your baby best comforted: _____

What special items does your baby use for comfort? _____

Does your baby use a pacifier? Yes ___ No ___ If so, when? _____

What is most important to you in the care of your baby? What do you expect from your baby's caregiver? _____
