

ACADEMIA DE MI ABUELA (AMA)

Individual Feeding Plan

Child's Name: _____ Age: _____, DOB: _____

Teacher's Name: _____, Classroom Name: _____ Date: _____

Parent's Names: _____, _____ Date: _____

Instructions from the child's physician relating to special diet or feeding:

Child's Feeding Schedule

Time							
Food/Bottle							
Amount							

***Bottle-fed (to be provided by parents) infants shall be fed at least once every four hours.**

Breast milk or kind of formula, etc.: _____

Food likes and dislikes: _____

Food consistency: _____

Schedule for instruction of solid and new foods: _____

Schedule for introduction of cups and utensils: _____

Date to begin feeding plan at home and school for consistency: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Director: _____ Date: _____

Signature of Head Teacher: _____ Date: _____

Signature of Administrative Staff: _____ Date: _____