TMC
MIGRANT AND SEASONAL HEAD START

NUTRITION ASSESSMENT FORM

Child's Name: _____DOB: _____

Center Name: _____

Refer to the family file, physical exam or WIC report for Hgb/Hct and/or growth charts for weight, height (WT for HT), and head-circumference and body mass index (BMI) data.

	Yes	No
Child takes vitamin/ mineral supplements?	☐	☐
Supplements contain iron?	☐	☐
Supplements contain fluoride?	☐	☐
Supplements were prescribed?	☐	☐
Change in child's appetite in the past month?	☐	☐
Child takes a bottle?	☐	☐
Child eats or chews things that aren't food?	☐	☐
Child often has:		
Diarrhea	☐	☐
Constipation	☐	☐
Concerns about what child eats?	☐	☐

At what age did the child start doing each of the following?

Eat solid food: |__|__| months Drink from a cup: |__|__| months Feed self: |__|__| months

Weight: _____ Height: _____ Head Circumference: _____ BMI: _____ Hgb/Hct: _____

Dietary Habits:

Favorite foods: _____

Least favorite foods: _____

Usual Food Group Eating Frequency	**Approximate Number of Times Each Week**								
	0	1	2	3	4	5	6	7	7+
A. Milk, cheese, yogurt	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Meat, poultry, fish, eggs; or dried beans/peas, peanut butter	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Rice, grits, bread, cereal, tortillas	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Greens, carrots, broccoli, winter squash, pumpkin, sweet potatoes	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. Oranges, grapefruit, tomatoes (fruit/juice)	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Other fruits and vegetables	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. Oil, butter, margarine, lard	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Cakes, cookies, sodas, fruit drinks, candies	☐	☐	☐	☐	☐	☐	☐	☐	☐

Below describe the nutrition care process for this child and follow up date:

Print Name & Title: _____

Signature_____ Date _____

Original: Family File – Nutrition Section Copy: Parent Copy: Nutrition Coordinator

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NUTRITION ASSESSMENT FORM – PROGRESS NOTE

Date	Progress Note	Follow-up Date

Original: Family File – Nutrition Section **Copy: Parent** **Copy: Nutrition Coordinator**