

OBSERVATION OF A MEAL

To be used only as directed by the Dietetics Department, SALT
 or Feeding To Thrive Service

Child's Name	DOB	
Mealtime Observed	Date	Time
Parent / Carers name		
Please record what the child has eaten today prior to this observation:		

Circle Correct Answer

Has the parent/carer consented to this observation? <i>If NO why not?</i>	YES	NO
Where is the child sitting for the meal?		
Are the appropriate utensils available? <i>If NO, what was used?</i>	YES	NO
What is the child's reaction to the mealtime? i.e. highchair, utensils, food		
Does the child feed him/herself? <i>If YES with what?</i>	YES	NO
Who is feeding him/her at this meal?		
Is the child eating with other family members <i>If YES who?</i>	YES	NO
What is the child eating?		
1. How much food was offered / eaten?		
Is the child able to concentrate?		
Is the TV on and/or are there any distractions?		
Does the child appear hungry and interested in food?		

<p>Did the child play with the food or make a mess? <i>If YES how did the parent/carer respond to this?</i></p>	YES	NO
<p>How does the child let the parent/carer know when he/she is finished?</p>		
<p>If present does the parent/carer pick up on these cues?</p>		
<p>Did the child finish the meal?</p>		
<p>Was the child offered pudding/desert? <i>If YES, what?</i></p>	YES	NO
<p>If food was not eaten was an alternative offered? <i>If YES, what was it?</i></p>	YES	NO
<p>What and how much did the child have to drink?</p>		
<p>How does the parent/carer feel about this mealtime?</p>		
<p>Describe and summarise the mealtime further including: the child and parent/carer interaction and parental/carer management of the meal.</p>		
<p>Name of Assessor</p>		
<p>Signature</p>	<p>Date</p>	

Please forward to Dietician for review

Adapted from SCT guidelines for Feeding to Thrive assessment in the community.

Information from the Parkin Project Teaching Pack 1997. Feeding to Thrive Service June 2011, For review 2013

Acknowledgment to the Dietetics Dept RACH