



**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Breast Milk/ Formula    ☐ Baby Food    ☐ Table Food    ☐ Water    ☐ Juice

Feeding Schedule:		



Does child feed self? ☐ Does child use a pacifier? ☐ Does child use a "lovie"? ☐

\_\_\_\_\_  
**Parent/Guardian Signature** **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: _____/_____/_____	Initial: _____	Date: _____/_____/_____	Initial: _____
Date: _____/_____/_____	Initial: _____	Date: _____/_____/_____	Initial: _____
Date: _____/_____/_____	Initial: _____	Date: _____/_____/_____	Initial: _____
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