

FEEDING AND SWALLOWING CONSULTATION REPORT

District/School Name _____

Name _____ Date of Birth _____ Age _____

Teacher _____ Referral Source _____

Disability Category (if any) _____ Date Initially Identified _____

Current Services _____

Consulting Personnel _____

_____ Consultation Date(s) _____

BACKGROUND INFORMATION

Eating/drinking patterns of concern (Include examples, times, locations, strategies that have been tried and their outcomes)

Relevant birth, developmental, medical and social history (including recurrent upper or lower respiratory issues, tracheostomy, tube feeding, aspiration, oral-motor functioning, cultural factors):

Current health status (including variations from day to day and throughout day; medications, appetite, motor coordination, respiration and oxygen needs, tracheostomy and feeding tubes)

Feeding and nutrition history (including past and current diet, rate of growth, food allergies, food and texture preferences/aversions, relevant cultural factors)

School attendance (including patterns of absence and reasons)

Other information

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FEEDING/SWALLOWING OBSERVATION (Copy this section if more than one observation is conducted.)

Location _____

Date _____ Start Time _____ End Time _____

Observers (Name and Position) _____

Feeding Arrangements:

Type, texture, temperature and quantity of food(s)/beverage(s) _____

Seating _____

Feeding implements _____

_____ Fed self completely _____ Partially assisted _____ Fed entirely by other(s)

Name/position of person assisting/fully feeding child _____

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FEEDING/SWALLOWING OBSERVATION (Copy this section if more than one observation is conducted.)

	No Concern	Concern/Comments
Neuromuscular Function		
Posture		
Tone		
Reflexes		
Other		
Behavior		
Appetite		
Food acceptance		
Rate of eating/drinking		
Socio-communicative interactions with feeder(s)		
Other		
Sensory Function		
Vision		
Hearing		
Taste		
Smell		
Defensiveness		
Pain on swallowing		
Other		
Physical Function		
Level of arousal		
Maintenance of alertness		
Heart rate		
Respiration rate		
Respiration pattern		
Other		

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	No Concern	Concern/Comments
Feeding/Swallowing Function		
Accessing food		
Self initiation		
Awareness of food in or near mouth		
Awareness of appropriate quantity		
Response to temperature(s)		
Response to taste		
Response to texture		
Control for sucking, sipping, biting, rotary chewing, bolus formation and preparation for swallowing		
Drooling of saliva		
Food leakage from mouth		
Clearing food from lips and mouth		
Tongue thrust		
Coordination of suck-swallow and breathing		
Elevation of larynx during swallow		
Elevation of larynx during cough		
Rate of feeding		
Duration of feeding		
Energy used to complete feeding		
Persistence		
Need for cueing or encouragement		
Other		

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	No Concern	Concern/Comments
Aspiration Indicators		
Throat clearing		
Coughing		
Gagging		
Color change		
Voice change		
Other		

SUMMARY

RECOMMENDATIONS