

REFERRAL FORM FOR CONCERNS ABOUT FEEDING/SWALLOWING

District/School Name _____

Below are characteristics of students who may be at risk for or have problems with feeding and/or swallowing. If you have a student who exhibits any of these characteristics, please check all that apply and return this form to _____.

Name _____ Grade _____ Teacher _____

Disability Category (if any) _____

Referral Source _____ Referral Date _____

- Poor general upper body control/posture
- Unusual head/neck posture during eating
- Difficulty recognizing food tactilely
- Frequent refusal to eat or drink
- Difficulty placing or keeping food in mouth
- Difficulty initiating or maintaining suck
- Difficulty controlling food/beverage in mouth or excessive mouth movement during chewing or swallowing
- Difficulty starting to swallow
- Frequent gagging during/after eating or drinking
- Food texture hypersensitivity/aversion
- Frequent spitting or vomiting during or after eating or drinking
- Need to swallow a few times to get food down
- Repeated drinking while or immediately after chewing or swallowing
- Food left on tongue or pocketed on side of mouth after swallowing
- Food regurgitated through nose while or after eating or drinking
- Coughing/choking during/after eating or drinking
- Irritability or behavior problems during eating
- Watery eyes (tearing) during or after eating
- Indication/expression of pain during swallowing
- Gurgly voice quality or breathing, especially after eating or drinking
- Feeding periods longer than 30 minutes-40 minutes
- Frequent bouts of pneumonia or other chronic respiratory problems
- Weight loss of unclear origin, failure to gain weight appropriately or concerns about malnutrition
- Cleft palate or other anatomic malformation likely to affect eating or drinking
- Central nervous system abnormalities or injuries (e.g., cerebral palsy, genetic syndromes, traumatic brain injury,)
- Neuromuscular disorders (e.g., muscular dystrophy, other abnormal muscle tone)
- Intellectual disability
- Pulmonary system deformities or malfunctions
- Metabolic disorders
- Vocal cord weakness or paralysis
- Current or past tube feeding

Additional Information or Comments: _____

