

The Children's Center at Caltech

Infant Needs and Services Plan

Updated quarterly

Child's Name: _____

Age: _____

I. Individual Feeding Plan

(A) Physician's instructions to special diet or feeding:

(B) Feeding Schedule: Approximate times-

(C) Breast milk or Formula: Circle one that applies

Name of formula: _____

(D) Schedule for introduction of solid and new foods

(E) Food Consistency: (Circle which apply)

Puree (liquidly) Puree (thick) Chunky Small Pieces

(F) Food Likes/Dislikes:

(G) **Food Allergies:**

(H) **Schedule for introduction of cups and utensils:**

II. Toilet Training Plan: (if applicable)

III. Services needed by infant that are not provided by the CCC Program; any special exercises needed for infants with physical disabilities?

IV. Parent Conferences will be conducted quarterly. Future dates listed below:

1. _____ (Intake)
2. _____
3. _____
4. _____

Please update this form if there are any medical changes or after newly introducing foods with your child. This form will be in your child's file. Ask your Primary Caregiver or contact your Lead.

Director's Signature _____

Lead Teacher Signature _____

Parent Signature _____

Today's Date _____