



Infant Written Dietary Instructions

Age of Infant (circle) 8 mo. 9 mo. 10 mo. 11mo.

Name of Child _____ Date _____

Feeding Schedule:

- Infant is fed on demand and / or every _____ hours.
- Range of ounces per feeding _____.
- Mom will arrive at _____ to breast feed.
Special Instruction for when baby is hungry before mom arrives.

- Modified table food offered at _____.
- Juice offered at _____.

Developmental Milestones:

- Sits well alone.
- Starts learning to hold cup.
- Grabs spoon.
- Begins to feed with fingers.
- Chew with up and down motion.
- Gets spoon to mouth, often upside down.

Bottle Feeding Instructions:

- Type of feeding (circle):
 - Breast Milk
 - Formula
 - Brand of formula _____
 - Type of formula _____
 - Type of water _____
- Temperature of feeding _____
- Type of cup _____
- Type of bottle / nipple _____
- Attach any special dietary needs.

Modified Table Food Instructions: (Review menu to determine if substitutions are needed).

- Modification of texture needed (circle)
Strained Mashed Chopped Soft cooked Cut None Needed
- Iron Fortified, dry, plain infant cereal (circle)
Rice Oat Barley Wheat
 - Number of tablespoons: _____.
 - Mixed with _____.
- Bread or bread alternate (optional)
Amount _____

- Fruits and / Veg. – only plain fruits and veg., no citrus, no raw (except bananas):

RED WHITE BLUE GREEN YELLOW ORANGE

- Number of tablespoons _____.
- 100% Fruit Juice
Type of cup _____
Number of ounces _____ (no more than 4 ounces per serving)
- Meat or meat Alternate (circle):
Plain meat Fish Poultry Egg Yolk Cooked dry beans
Dry Peas Cheese Cottage Cheese Cheese Food
- Number of tablespoons _____
- Attach any special dietary needs.

Parent Signature _____