

## 6.10 Eating

The ability to eat and drink by finger feeding or using routine or adaptive utensils. The ability to swallow sufficiently to obtain adequate intake. Does not include cooking food or preparing it for consumption (cutting food into bite size pieces or pureeing if needed).

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +	
												<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
												Receives tube feedings or TPN.
												<b>Needs help with tube feedings or TPN.</b> <input type="checkbox"/> A teen independently self-administers tube feedings. In this case, the screener would check "Receives tube feedings or TPN," but not "receives help with" them.
												<b>Child is at risk of not obtaining adequate nutrition without intervention.</b> <input checked="" type="checkbox"/> Requires significant modifications, efforts, or accommodations (e.g. must have protein shakes, specialized meals, constant monitoring of environmental conditions so that child will eat) <input checked="" type="checkbox"/> Food preparation time for special diets or failure to thrive (Ketogenic, High Calorie). <input checked="" type="checkbox"/> Children who are severely restricting their food choices to only one or two items.
												<b>Requires more than one hour per feeding.</b> <input checked="" type="checkbox"/> Takes a great deal of time to feed orally (nurse or bottle fed). <input type="checkbox"/> Is tube fed.
												<b>Needs to be fed.</b> <input checked="" type="checkbox"/> Cannot feed self (orally) to obtain adequate nutrition. <input type="checkbox"/> Able to feed self but makes a mess or doesn't use utensils, so the parent prefers to feed child. <input type="checkbox"/> Able to feed self, but parent prefers to feed the child.

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
												<p><b>Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.</b></p> <input checked="" type="checkbox"/> Needs to be monitored for life-threatening choking incidents. <input checked="" type="checkbox"/> Food access must be controlled to ensure safety due to diagnosis or disorder. <input checked="" type="checkbox"/> Has a condition that requires constant monitoring of amount and/or type of food. <input checked="" type="checkbox"/> Will overstuff mouth with food, often resulting in gagging or vomiting. <input checked="" type="checkbox"/> Has current eating disorder requiring one-on-one monitoring at meals. <input checked="" type="checkbox"/> Avoids certain foods, gags, or spits out foods due to oral sensitivities. <input type="checkbox"/> Parents or caregivers thicken liquids for the child who can be left to drink without one-on-one monitoring. <input type="checkbox"/> Has food cut into bite-size pieces but does not require monitoring during the meal. <input type="checkbox"/> Is monitored because of concerns the child will choke, but the child has no history of choking while eating.