

Infant Feeding Plan
(12 weeks-16months)

Child's Name _____ Date _____
Birthday _____

Does the child take a bottle? Yes () No ()
Is the bottle warmed? Yes () No ()
Does the child hold own bottle? Yes () No ()
Can the child feed self? Yes () No ()
Does the child eat:
 Strained Foods () Whole milk ()
 Baby Foods () Table Foods ()
 Formula () Other ()

What type formula is used? _____

Amount of formula to be given? _____

Updated amounts of formula:

_____ Date _____
_____ Date _____
_____ Date _____
_____ Date _____

Does the child take a pacifier? Yes () No ()

When? _____

Food likes _____ Food Dislikes _____

Allergies (which includes any premixed formula)? _____

Child's Schedule:

Breakfast

Approximate time

Types and approximate amount of food

Lunch

Approximate time

Types and approximate amount of food

Morning Nap

Approximate time

Types and approximate amount of food

Any updated instructions regarding adding new foods or other dietary changes please list as needed

Parent/Guardian Signature : _____