



DISCOVERING EXPRESSION

SPEECH & LANGUAGE

What is feeding therapy?

Simply put, the goal of feeding therapy is to create healthy, positive, and effective feeding habits to help with mealtimes and nutrition, not only within therapy sessions, but in the home environment as well!

Why do we screen feeding skills?

To assess if your child has a limited diet, spits foods out frequently, has difficulty chewing, eats limited textures, or shows difficulty drinking from a straw or open cup. Furthermore, to assess if your child is crying, gagging, or refusing to interact with new foods

Next Steps:

Please fill out our feeding screener and bring a copy of it to your initial evaluation. This information will help our therapist determine what follow up steps are best for your child.

Please provide us with a summary of your concerns

**The following questions are an informal screener created by the Discovering Expression team to assess whether or not your child may need to be scheduled for a full feeding evaluation. The screener will be reviewed by one of our feeding therapists who focus on pediatric feeding disorders. If it is determined that your child should be fully assessed, our scheduling team will contact you about scheduling a full evaluation.*

CHILD'S NAME:

AGE:

CLINICIAN:

Discovering Expression Feeding Screener

Circle One

1. Has your child been meeting all their height/weight growth targets?	Yes	No
2. Do you have concerns with your child meeting their nutritional needs?	Yes	No
3. Do you supplement your child's diet with pediaisure or any other equivalent dietary supplement?	Yes	No
4. Does your child cough or choke when eating or drinking? <i>a. Yes to this question automatically means we are not currently equipped to treat them and they should discuss with their pediatrician.</i>	Yes	No
5. Does your child have a history of frequent coughs or pneumonia? <i>a. Yes to this question automatically means we are not currently equipped to treat them and they should discuss with their pediatrician.</i>	Yes	No
6. Has your child ever received a Modified Barium Swallow Study (MBSS) or a Flexible Endoscopic Evaluation of Swallowing (FEES) also known as a swallow study? <i>If yes, please describe results:</i>	Yes	No
7. Will your child interact with foods of different textures with their hands (i.e. fruits, pudding, vegetables, crackers, meats)?	Yes	No
8. Do you find you have to make or bring a separate meal for your child so frequently it affects you daily or weekly?	Yes	No
9. How does your child react when given new foods to try (i.e. crying, throwing, leaving the table, gagging, verbal refusal)?		
10. What foods does your child currently eat? (Please think of as many as you can!)		
11. Are you interested in feeding therapy at this time?	Yes	No