

### Feeding Survey and Intervention Planning Worksheet - SMAC 3/7/20

<b>Identify the Problem (circle or X)</b>									
<b>I am working on this feeding problem (circle/X)?</b>	Acceptance		Selectivity		Volume		Texture Advance		<sup>1</sup> Improve mealtime behavior
<b>Food or Fluids or Both (circle/X)?</b>	Food	Fluids	Food	Fluids	Food	Fluids	Food	Fluids	
<b><sup>1</sup>What mealtime behavior is a problem?</b>									
<b>My feeding/drinking or mealtime goal is:</b> (e.g., eat/drink anything; eat/drink a wider variety; eat/drink more volume for weight gain; moving to a higher eating/drinking texture; happy meals)									
<b>What have you tried already to meet this goal?</b> (e.g., consultation/treatment with speech, occupational therapy, BCBA, medical professionals; medication, homeopathy; other interventions)									
<b>Intervention Process and Selection (circle or X)</b>									
<b>What is your starting point?</b>	Readiness	Schedule	Feeding Area	Preference Assessment					
				<i>Food</i>	<i>General</i>				
<b>What skill are you going to start with?</b>	Acceptance	Expulsion	Mouth Clean	Discomfort Response		Interfering behavior			
<b>What intervention looks like a good start?</b>	Desensitization	Escape Extinction	Food Blending	Meal of Fortune					
	Faded Textures		Non-preferred/Preferred Presentation						
	<i>Food</i>	<i>Liquid</i>	<i>Simultaneous</i>		<i>Sequential</i>				