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

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