
_____’s Eating and drinking plan (plain version)

1. Food preferences:

Detail the foods your child enjoys and will reliably eat.

2. To avoid:

Note any foods your child dislikes or cannot eat due to allergies, sensitivities, motor skill delay or other dietary restrictions.

3. Time and assistance:

Time

☐ (Delete as appropriate): My child needs more / less / the same time to eat compared to peers

☐ My child likes to eat a snack at (time)_____

☐ My child likes to eat lunch at (time)_____

Assistance

☐ My child requires help with opening packaging

☐ My child requires help cutting food

☐ My child requires help with _____

4. Communication preferences:

5. Sensory and Environmental Considerations:

Areas my child prefers to eat:

e.g. If they need consistency in where they sit; if they need to be positioned with back to wall or at end of a table.

Sound:

e.g. If your child is responsive to specific or sudden sounds. If the dining hall is too loud or busy, request a quiet area or space away from the busiest part of the dining hall;

Smells:

e.g. If your child is responsive to any specific smells and whether they seek or avoid these.

Other:

e.g. If your child likes eating with others, personal space, whether there are any visual triggers like lighting, or particular types of food that they can't tolerate being near.

6. Strategies to help:

Share any strategies that help make mealtime successful at home, such as a particular order of eating or ways to introduce new foods.

7. Comfort items:

List any items that help comfort your child or ease their anxiety during meals, like a special napkin or a familiar cup

8. Cutlery:

Specific Utensils/Dishware: Include information on any specific types of utensils, plates, or cups that your child is accustomed to using. How your child likes their food to be presented.

Plan discussed and shared with _____ on _____

Scan the QR code for more information.

