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## KidTalk

### Feeding Group Program

Child's Name \_\_\_\_\_

DOB: \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Phone #s: Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Address: \_\_\_\_\_

Is your child currently in occupational therapy or speech-language therapy or has your child received in the past for feeding, motor or communication difficulties? If yes, please provide details (Where? When?). Feel free to write on the back.

What are your current feeding concerns?

Please list foods that your child eats, regularly.

Is your child currently in a preschool or school program? Where?

What are your child's strengths?

What are your goals for the group feeding experience?

What would you like us to know about your child? What are your child's interests