

Food Log

Diet: Please fill out to the best of your knowledge and bring with you to your child's evaluation.

Top 20 Preferred Food Items:	Top 20 Non-preferred Food Items:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.

Day/Date:

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>
Drinks:	Drinks:	Drinks:	Drinks:

***Please include amount of food and drink consumed (i.e. tsp, # bites, ounces, etc.) as well as general time of day. We know this will vary.

Day/Date:

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>
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