

School/Daycare Mealtime Form

Child's name: _____

What times are snacks/meals provided?

Snacks: _____ am/pm

Meals: _____ am/pm

How long are snack/meal times?

Snacks: _____ minutes

Meals: _____ minutes

Which options are available for children in your setting?

(Please check the answer that best applies)

Packed lunch from home

Food provided by daycare or school only

Both

Other (please describe): _____

If possible, please record what the child typically eats at mealtimes at school/daycare for 1-3 days. Tell us if the child eats 25%, 50%, 75%, or 100% of the meal.

Snack: _____ % Snack: _____ %

Snack: _____ % Snack: _____ %

Meal: _____ % Meal: _____ %

Meal: _____ % Meal: _____ %

Please describe the eating environment in your setting.

(For example: in a cafeteria, kitchen, dining room, classroom, outside setting, eating in chairs vs. on a bench, allowed to walk and eat, etc.)

How does the child typically respond to this eating environment?

Who is responsible for supervising snacks and meals?

Can CPSE or external service providers offer services to students during the day?

Yes No

Does your school/daycare have:

(Please check Yes or No)

A mealtime policy that outlines feeding practices/strategies used by staff?
(If yes, please attach the policy)

Yes No

A set menu? (If yes, please attach an example of menu options, such as kosher, vegetarian, Halal, etc.)

Yes No

Are you able to make exceptions to your policy/policies in cases where children have feeding challenges beyond “picky eating”?

This may include accommodations such as (check all that apply):

Menu accommodations

Heating up food

Extended snack/meal time

Extra one-on-one support

Sensory-friendly eating environment
(such as noise cancellation or quieter mealtime)

Learning tablet

How do staff at your school/daycare respond if a child refuses food?

Do you have any concerns about this child’s eating or participation during mealtimes at school/daycare?
