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 ☐ Learning tablet
(such as noise cancellation or quieter mealtime)

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?
__________________________________________________________________________________________