



# Feeding and Swallowing Care Plan

Student Picture

Spokane Public Schools  
*excellence for everyone*

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Room: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Physician: \_\_\_\_\_

Parents: \_\_\_\_\_ Emergency: \_\_\_\_\_

Date Nutrition Services Notified: \_\_\_\_\_

Dates of Staff Training: \_\_\_\_\_

### Food/Liquid Modifications Required

**Food Texture:**

- \_\_\_ NPO
- \_\_\_ Pureed
- \_\_\_ Mechanical Soft
- \_\_\_ Regular

(Select only one)

**Liquid Consistency:**

- \_\_\_ NPO
- \_\_\_ HoneyThick
- \_\_\_ Nectar Thick
- \_\_\_ Thin

**Eating Location:**

- \_\_\_ Classroom
- \_\_\_ Cafeteria

**Positioning Equip:**

- \_\_\_ Classroom
- \_\_\_ Cafeteria

Feeding Procedures (i.e. alternate bites/sips, alternate liquids/solids, max time, pace, small bites, etc.)	Equipment	Positioning

FURTHER INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speech-Language Pathologist

Date

Copies to: SLP, Special Education and/or Classroom Teacher, Nurse, School Office, School Kitchen, Nutrition Services, Student Support Services