This workbook is a companion to an 18-minute instructional video on nutrition services in early intervention programs. Both the workbook and the video are designed to assist early intervention professionals concerning nutrition and feeding concerns of children with special health care needs. The following issues are addressed: importance of nutrition services; the range of common nutrition problems faced by early intervention clients and their families; the effects on families when nutrition issues are not addressed; an appropriate model for providing screening and intervention nutrition programs; obtaining services of a qualified nutritionist and effective integration into the early intervention care process; and how nutritionists function to meet the nutrition-related needs of early intervention clients. The workbook contains a pre-assessment and post-assessment checklist, video trigger questions and answers, issues for discussion, information on the background of the problem (including federal regulations and status of nutrition services in early intervention programs), sample screening forms, and a list of 11 resources. (CR)
THE MISSING LINK
Including Nutrition Services in Early Intervention Programs
A Trainer's Manual
THE MISSING LINK

Self Study Continuing Education for Nutrition Services Awareness in Early Intervention

Workbook

by
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New England Medical Center
and
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Health Resources and Services Administration
US Department of Health and Human Services

1995
**Welcome to The Missing Link**

*A video and workbook program designed to help identify and meet the nutritional needs of Early Intervention clients.*

**WORKBOOK CONTENTS:**

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<tr>
<th>Section</th>
<th>Page #</th>
</tr>
</thead>
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<td>3-4</td>
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<td>Program Objectives</td>
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<td>Instructions for Group Leader</td>
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<tr>
<td>Pre Assessment</td>
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</tr>
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<td>Taken before studying the workbook and watching the video.</td>
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<tr>
<td>Video Trigger Questions</td>
<td>6</td>
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<tr>
<td>These questions helps viewers focus on the specific issues raised by the families and health professionals in the videotape.</td>
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<tr>
<td>Issues for Discussion</td>
<td>7-8</td>
</tr>
<tr>
<td>These questions will assist in facilitating a more in-depth discussion of the issues raised in the videotape and related issues.</td>
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<tr>
<td>Background of the Problem</td>
<td>9-10</td>
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<tr>
<td>What are the Regulations?</td>
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<tr>
<td>Why are Nutrition Services Essential?</td>
<td></td>
</tr>
<tr>
<td>What is the current status of Nutrition Services in Early Intervention Programs?</td>
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</tbody>
</table>
WORKBOOK CONTENTS:

Managing Nutrition Issues............................................................ 11-16
  Components of a Comprehensive Nutrition Care Program
  Screening for Nutrition Problems
  Where to find a Qualified Nutritionist
  The Role of the Nutritionist
  Financing Nutrition Services

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Post Assessment........................................................................... 20
Taken after studying the video and workbook to determine whether objectives have been achieved.

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This Missing Link videotape and workbook is designed to help Early Intervention professionals appreciate the importance of nutrition and feeding concerns in children with special health care needs. It shows how to screen for nutrition issues, and ensure proper nutrition services for children and families enrolled in Birth to Three Early Intervention Programs (EI).

Program Objectives: Through the use of this videotape and trainer's guide, Early Intervention team members will be able to:

- Explain why nutrition services are an important component of EI programs.
- Outline the range of common nutrition problems faced by Early Intervention clients and their families.
- Describe the affects on families when nutrition issues are not addressed.
- Outline an appropriate model for providing screening and intervention of nutrition problems.
- Describe how the services of a qualified nutritionist can be attained and integrated effectively into the Early Intervention care process.
- Discuss, in general, how nutritionists function to meet the nutrition-related needs of EI clients.

The Video: In the Missing Link videotape (20 minutes), three families who received Early Intervention Services describe the nutrition concerns they faced, the ways in which nutrition issues disrupted family life and functioning, the types of nutrition assistance they received and the difference that nutrition services made in their lives. Nutritionists and other health professionals who worked with these families discuss the nutrition-related problems and the barriers they faced in attempting to meet the nutrition needs of EI families.
The Workbook: The workbook is designed to provide guidance for analysis and discussion of the videotape, as well as background information and important resources.

Instructons for Group Leaders:
Step 1: Have participants complete the pre-assessment on page 5 prior to watching the videotape.
Step 2: Show the videotape.
Step 3: Use the trigger questions on page 6 to discuss issues raised in the video (see pages 17-19 for answers to video trigger questions).
Step 4: Have participants complete the post assessment on page 20.
### THE MISSING LINK

**Pre Assessment**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
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<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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Video Trigger Questions

The Gonzales Family
1. What was Mrs. Gonzales' major nutrition concern about her daughter Jennifer?
2. How did Mrs. Gonzales attain the services of a nutritionist?
3. What did the nutritionist do at the home in terms of screening and assistance?
4. How did the nutritionist help with the feeding problems?

The Whittle Family
1. How did Jeanine Whittle feel when Jeffrey starting losing weight?
2. Why did feeding issues become such a primary concern for the Whittle family?
3. How did the nutritionist help the Whittle family?
4. What benefit did the Whittle family receive from nutrition services?

The Mitchell Family
1. How long did it take Mrs. Mitchell's service coordinator from the Early Intervention Program to recognize her child's nutrition and feeding concerns?
2. What helped the Early Intervention case manager identify the need for nutrition services?
3. What were the reasons for having the nutritionist become involved?
4. How did the nutritionist complete a nutrition assessment?
5. What kind of recommendations did the nutritionist provide?
6. How did the transition to table foods help the Mitchell twin's development?
7. How could nutrition issues have been identified earlier?
8. What benefit did the Mitchell family receive from nutrition services?

(see page 20 for answers)
The "Missing Link" videotape highlights three major issues:

1. The impact nutrition concerns can have on child and family well-being.
2. The benefit of nutrition services to child and family.
3. How nutrition services can be accessed and integrated into the IFSP.

Impact of nutrition concerns:

- What impact did nutrition issues have on the families in the video?
- Why did nutrition concerns become so significant for the families in the video?
- Think of a child and family you have worked with that has struggled with nutrition issues:
  - How have feeding difficulties impacted them?
  - How did the presence of nutrition issues impact the achievement of early intervention objectives?
  - What guidance has been provided to these families in resolving the problem?
  - Are there some children and families you work with who could benefit from nutrition services?

Benefit of nutrition services:

- Why are nutrition services crucial to the efficacy of EI programs?
- What individualized assistance did the nutritionist provide to the families?
- What is the impact on child and family when nutritional issues are not addressed and resolved?
- How would the nutritionist work with the following professionals to ensure integrated, coordinated care?
  - Nurse
  - Occupational Therapist
  - Physical Therapist
  - Early Childhood Education
  - Social Worker
  - Speech and Language Pathologist
Accessing nutrition Services:

- How was the need for nutrition services identified?
- How could the referral system be improved?
- Does your program have a formal system for identifying nutrition concerns and referring families to nutrition service if needed?
- How well does this system function? How could it be improved?
- Do you use a nutritionist as a consultant? If not, how might you go about doing so?
BACKGROUND OF THE PROBLEM

What are the Regulations?
Part H of PL 101-476 Individuals with Disabilities Education Act (IDEA) mandates that nutrition services be included in the Individualized Family Service Plan (IFSP) if “appropriate” for the child and family. Nutrition services should include both assessment and management strategies. Assessments should include: (a) nutritional history and dietary intake, b) anthropometric, biochemical, and clinical measures, (c) feeding skills and feeding problems, and (d) food habits and food preferences. Once nutritional problems have been recognized, appropriate plans to address the nutritional needs of eligible children should be developed and monitored. Nutritionists are specifically listed in the legislation to provide nutrition services to children in early intervention programs who are in need of such a service.

Why Are Nutrition Services Essential?
Evidence of the benefits of nutrition intervention to the health and development of children with special health needs continues to grow. Improved growth and other nutrition markers have been extensively documented in children who have received needed nutrition services. The evidence ranges from metabolic disorders in which nutrition problems are primary, to conditions in which the nutrition problems or risks result from secondary biological, environmental, or psychosocial factors.

Nutrition interventions are often related to feeding, and include mechanical and behavioral aspects of food intake. For some children, improved nutrition is the factor most critical for survival; for others it can reduce the potentially debilitating effects of their conditions. Improved nutrition and feeding may increase the level of independence the child is able to achieve, improve the child’s perception of self, and improve care providers’ perception of their ability to meet the child’s needs. Working in partnerships with families to integrate nutrition services into a coordinated system with other EI services, mutual reinforcement and support can be achieved across disciplines, and services to children and their families can be strengthened.
What is the Current Status of Nutrition Services in Early Intervention Programs?

Unfortunately, most states currently do not have systems in place for integrating nutrition services into their EI programs. Barriers to implementing nutrition services include lack of knowledge regarding the importance of nutrition for this population, lack of knowledge of appropriate roles for nutritionists on EI teams, limited access to qualified nutrition providers, and lack of economic resources to pay for nutrition services.
Components of a Comprehensive Nutrition Care Program:

- Identification of children who have risk factors which place them at increased nutritional risk. (Table 1 lists common nutritional problems seen in children with special health care needs.)
- Referral of at risk infants and toddlers to a qualified nutritionist for a complete nutritional assessment and development of a nutrition care plan.
- Inclusion of nutrition concerns and services to be provided in the child's IFSP.
- Interventions for nutritional problems.
- Follow up care and continual monitoring of progress and nutritional status.

### Table 1

<table>
<thead>
<tr>
<th>Condition</th>
<th>Altered* Growth Rate</th>
<th>Altered** Energy or Nutrient Needs</th>
<th>Constipation or Diarrhea</th>
<th>Feeding Problems</th>
<th>Drug Nutrient Reactions</th>
</tr>
</thead>
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<tr>
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<tr>
<td>Fetal Alcohol Syndrome</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

* altered can be inadequate or excessive
** altered can be increased or decreased

(SOURCE: Resource 5)
**Screening for Nutrition Problems:**

An effective screening procedure is a critical element in any nutrition program. Screening is the process by which infants and toddlers at risk for nutrition problems are identified and referred for further evaluation and a care plan is developed with the family. Nutrition screening should be done at regular intervals since growth and development is dynamic and nutritional status can change over time. Effective screening starts with identifying who will be responsible for this task and which tool they will use. Ideally, the same team member would be responsible for the nutrition screening and referral process.

**A nutrition screening tool should be:**

- quick to complete
- provide reproducible results
- accurately identify children at nutritional risk.
- include criteria for referral for nutrition assessment
- inexpensive

Data collected for nutrition screening will depend on the time and personnel available and access to information such as the results of blood tests.

**Components of a nutrition screening include:**

- caregiver concerns
- medical problems
- chronic medication use
- growth
- eating habits
- feeding skills and behaviors

Sample screening forms developed for use in Early Intervention Programs are included on pages 21-26.
Where to Find a Qualified Nutritionist:
Nutrition services should be provided by a Registered Dietitian who has experience with pediatric nutrition and children with special health care needs. Registration requires completion of a bachelor's degree with course work meeting American Dietetic Association guidelines, 900 hours of clinical training, and passing the national registration exam. Maintaining registration requires 75 hours of continuing education every 5 years. Additional desirable professional credentials include a master's degree in public health/nutrition and/or Certified Specialist in pediatrics with the American Dietetic Association.

A qualified nutritionists may include:
- State and local public health nutritionists
- LEND: Leadership, Education in Neurodevelopmental-related Disorders Nutritionists (formerly called University Affiliated Programs or UAPs)
- Nutritionists at Pediatric hospitals
- Nutritionists at specialty clinics for children with special needs
- Private practice nutritionists with expertise in pediatrics (Contact American Dietetic Association (1-800-877-1600)
- Community health center nutritionists
- Nutritionists in HMOs or group practices

Ideally the nutrition service provider should possess knowledge of early childhood development, preschool nutrition education, federal, state and community food assistance programs, and community nutrition issues. Specific competencies for registered dietitians working in EI are summarized in Table 2.
<table>
<thead>
<tr>
<th>Recommended Qualifications for Nutrition Providers in Early Intervention Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Registered dietitian status maintained, licensed in state (if applicable)</td>
</tr>
<tr>
<td>• Experience in pediatrics with emphasis on children with special health care needs</td>
</tr>
<tr>
<td>• Ability to integrate nutrition assessment and care plan into the IFSP</td>
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<tr>
<td>• Ability to make recommendations within a family-centered, culturally appropriate context</td>
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<tr>
<td>• Strong interpersonal and counseling skills for interactions with families and other staff</td>
</tr>
<tr>
<td>• Effective verbal and written communication skills</td>
</tr>
<tr>
<td>• Knowledge and skill in process and outcome evaluation (quality assurance, cost-benefit, cost-effectiveness)</td>
</tr>
</tbody>
</table>

(SOURCE: Reference 4)
The Role of the Nutritionist

The most appropriate staffing option for the nutritionist in an EI program varies with the size of the program, program goals and philosophy, scope and depth of nutritional problems, and availability of qualified providers in the area.

### Key Areas of Responsibility of the Nutritionist May Include:

**Participation in the IFSP Process**
- conduct nutrition assessments
- develop nutrition care plans
- monitor child's nutritional status and re-evaluate care plan as needed
- initiate contacts with other food and nutrition programs to facilitate collaboration among nutrition services needed by child
- provide direct nutrition counseling services as requested by families in IFSP (use of home site, phone contacts as appropriate)

**Provide Education, Training, and Support Services for Parents And Staff**
- identify nutrition training needs
- conduct parent support groups on feeding
- develop nutrition education materials for families
- conduct staff inservice on growth, nutrition, and feeding

**Develop Referral and Follow-Up Community Nutrition Services**
- identify and establish communication with community and other nutrition service providers
- refer clients to community nutrition resources and providers
- provide education and training on nutritional needs of children with special needs to staff, parents and community service providers

(SOURCE: Resource 2)
Financing Nutrition Services

A major challenge to implementing nutrition services in all health care settings today is finding adequate methods of reimbursement. Part H of PL 102-119 specifies that services in Early Intervention programs must be provided at not direct cost to families, unless a sliding scale fee system is authorized for certain services. Third party reimbursement for nutrition services varies among the different insurance companies and between different policies. Reimbursement generally depends upon a physician's referral, and programs would need to establish a fee for service schedule in order to obtain reimbursement. The Early Periodic Screening and Diagnostic Test (EPSDT) Healthy Kids Expanded Medicaid Program covers some nutrition counseling for children at high risk. Other possible sources of funds include federal Maternal and Child Health Block Grants, private or volunteer organizations serving children with special health care needs, parent advocacy groups, HMOs, business and industry, hospitals and other health care providers and specialty organizations such as the Cystic Fibrosis Foundation. Early Intervention Program directors and nutritionists need to work together to devise suitable payment mechanisms for nutrition services in Early Intervention.
The Gonzales family:
1. What was Mrs. Gonzales' major nutrition concern about her daughter?
   - She did not want to eat
   - She had received confusing advice about feeding.

2. How did Mrs. Gonzales attain the services of a nutritionist?
   - She finally told her EI service coordinator that she was concerned because Jennifer wouldn't eat.

3. What did the nutritionist do at the home in terms of screening and assistance?
   - Obtained a diet and feeding history
   - Observed mealtime
   - Took anthropometric measurements (e.g. height, weight, head circumference)

4. How did the nutritionist help with the feeding problems:
   - Showed Mrs. Gonzales how to add calories to her daughter's diet.
   - Asked Mrs. Gonzales not to force Jennifer to eat.
   - Helped Mrs. Gonzales overcome behavioral problems around eating.

The Whittle Family:
1. How did Jeanine Whittle feel when Jeffrey starting losing weight?
   - She felt she was failing as a mother.
   - She felt the weight loss was her fault.

2. Why did feeding issues become such a primary concern for the Whittle family?
   - Because the problems with Jeffrey's feeding were interfering in all aspects of the family life.
   - Mealtimes were stressful and unpleasant, causing tension between Mr. and Mrs. Whittle.
   - The eating problems became a major family issue.

3. How did the nutritionist help the Whittle family?
   - Provided reassurance that they were doing a good job.
   - Suggested ways to present foods so Jeffrey would have more control.
   - Provided support to allow Jeanine to decrease the pressure on Jeffrey to eat.
   - Provided menu ideas and recipes to make every bite count.
4. What benefit did the Whittle family receive from nutrition services?
   - A lot of support
     - Meal time is pleasant and relaxing; the family can sit and talk
     - Eating out is now a pleasure

The Mitchell Family:
1. How long did it take Mrs. Mitchell's service coordinator from the Early Intervention Program to recognize her child's nutrition and feeding concerns?
   - six months

2. What helped the EI service Coordinator identify the need for nutrition services?
   - Feeding issues were getting in the way of obtaining other Early Intervention goals.
   - Gail frequently mentioned how difficult feeding was
   - Gail's need to control caloric intake to ensure adequate growth was not being met by the nutritionist she was seeing.

3. What were the reasons that the nutritionist became involved?
   - Mrs. Mitchell became frustrated wanting to ensure adequate nutrition and optimal growth but not knowing what to do.
   - The twins were on pureed foods at 15 months of age.
   - Mother had concerns regarding adequacy of caloric intake.
   - Mother did not feel the twins would meet their calorie needs if she made the transition to table foods.

4. How did the nutritionist complete a nutrition assessment?
   - Made a home visit
   - Analyzed a food diary
   - Observed a meal
   - Evaluated height, weight, and triceps skinfold measurements

5. What kind of recommendations did the nutritionist provide?
   - Suggestions for high calorie finger foods that provided the twins more control over feeding while increasing caloric intake.
   - Identified the power struggle and helped Gail let go.
   - Guidance on normal toddler eating patterns.
   - Suggestions for making eating fun and pleasant.

6. How did the transition to table foods help the Mitchell twin's development?
   - It assisted them in the development of fine motor skills.
• Got them to eat more high calorie foods resulting in weight gain.
• Assisted them in oral-motor and self-feeding skills.

7. How could nutrition issues have been identified earlier?
   • Better screening for nutrition problems.
   • More attention to Gail’s concerns.
   • Better recognition of the cues indicating nutrition and feeding issues.

8. What benefit did the Mitchell family receive from nutrition services?
   • Played an integral role in developing the family.
   • Empowered mother to determine her children’s nutritional needs and how to meet them.
   • Better health for the twins which relieved much of the family stress.
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<tr>
<td>This videotape and workbook program:</td>
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<tr>
<td>Increased my awareness of the importance of including nutrition as a component of Early Intervention Services to special needs children and their families.</td>
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<td>Increased my awareness of how missed or overlooked nutrition issues can impact on growth and development.</td>
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<td>Documented the common types of nutritional problems confronted by nutritionists in dealing with children with special health care needs.</td>
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<td>Showed me how to include more nutrition screening and nutrition service into team activities.</td>
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<td>Showed me how nutrition screening can be included in the assessment of Early Intervention children.</td>
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<td>Showed how nutritionists can serve as team members or consultants to Early Intervention teams.</td>
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<td>Showed how nutrition services can improve the health and well-being of Early Intervention children and their families.</td>
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# EARLY INTERVENTION NUTRITION SCREENING FORM

To be completed by screener. Refer to protocols for instructions on completing each question. To determine if further assessment is needed, see Nutrition Referral Criteria.

## DEMOGRAPHICS

1. Screening Date:  
2. Child's ID No.:  
3. Child's Sex: (M) Male (F) Female  
4. Date of Birth:  
5. Birth weight:  
6. Birth Length:  
   - reported by caregiver ☐ or found in medical record ☐  
7. Gestational age:  

## ANTHROPOMETRICS

8. Date of measurements:  
9. Weight:  
10. Length/height:  
11. How was the child measured? 1 = standing, 2 = lying down  

## PERCENTILES

12. Weight/AGE  
13. Height/AGE  
14. Weight/Height  

## LAB WORK

15. Date of Hemoglobin or Hematocrit:  
16. HEMOGLOBIN ☐ ☐ gms/100ml or ☐ ☐  
17. HEMATOCRIT ☐ ☐ percent  
18. Date of FEP or Lead (PB):  
19. FEP ☐ ☐ . ☐ ☐ ug/dl or ☐ ☐  
20. LEAD(PB) ☐ ☐ . ☐ ☐ ug/dl  

21. Does this child have any of the following diagnosis or chronic medical conditions?  
   - ☐ Yes  
   - ☐ No  

   (Check all that apply)  
   - Down Syndrome  
   - Cerebral Palsy  
   - Spina Bifida  
   - Anemia  
   - Respiratory  
   - Failure to Thrive  
   - Fetal Alcohol Syndrome  
   - Cystic Fibrosis  
   - Neuromuscular  
   - Liver  
   - Cardiac  
   - Kidney  
   - Seizure Disorders  
   - Poor Growth  
   - Gastrointestinal
PEACH * Survey

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Does your child have a health problem (do not include colds or flu)?</td>
<td></td>
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<tr>
<td>If yes, what is it?</td>
<td></td>
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<tr>
<td>Is your child: Small for age? ___ Too thin? ___ Too heavy? ___</td>
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<tr>
<td>(If you check any of the above, please circle YES)</td>
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<tr>
<td>Does your child have feeding problems? If yes, what are they?</td>
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<tr>
<td>Is your child's appetite a problem? If yes, describe:</td>
<td></td>
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<tr>
<td>Is your child on a special diet? If yes, what type of diet?</td>
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<tr>
<td>Does your child take medicine for a health problem (Do not include vitamins, iron, or fluoride)? Name of medicine(s):</td>
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<td>Does your child have food allergies? If yes, to what foods?</td>
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<tr>
<td>Does your child use a feeding tube or other special feeding method? If yes, explain:</td>
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<tr>
<td>Circle YES if your child does not eat any of these foods:</td>
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<tr>
<td>Milk ___ Meats ___ Vegetables ___ Fruits ___ (Check all that apply)</td>
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<td></td>
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<tr>
<td>Circle YES if your child has problems with:</td>
<td></td>
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<tr>
<td>Sucking ___ Swallowing ___ Chewing ___ Gagging ___ (Check all that apply)</td>
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<td></td>
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<tr>
<td>Circle YES if your child has problems with:</td>
<td></td>
<td></td>
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<tr>
<td>Loose stools ___ Hard stools ___ Throwing Up ___ Spitting Up ___ (Check all that apply)</td>
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<tr>
<td>Does your child eat clay, paint chips, dirt, or any other things that are not food? If yes, what?</td>
<td></td>
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<tr>
<td>Does your child refuse to eat, throw food, or do other things that upset you at mealtime? If yes, explain:</td>
<td></td>
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<tr>
<td>For infants under 12 months who are bottle fed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child drink less than 3 (3-ounce) bottles of milk per day:</td>
<td></td>
<td></td>
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<tr>
<td>For children over 12 months: (Check if applies and circle the YES)</td>
<td></td>
<td></td>
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<tr>
<td>Is your child not using a cup? ___ Is your child not finger feeding? ___</td>
<td></td>
<td></td>
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<tr>
<td>For children over 18 months:</td>
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<td></td>
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<tr>
<td>Does your child still take most liquids from a bottle?</td>
<td></td>
<td></td>
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<tr>
<td>Circle YES if your child is not using a spoon?</td>
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* Extent Eating and Nutrition Assessment for Children with Special Health Needs
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The Parent Eating and Nutrition Assessment for Children with Special Health Needs (PEACH) survey.

EARLY INTERVENTION NUTRITION SCREENING QUESTIONNAIRE

RI Dept. of Health, Division of Family Health, Early Childhood Programs

Child's Name: ____________________________
Child's Birthday and Age: ____________________________
Child's Early Intervention ID#: ____________________________

Today's Date: ____________________________
Name of Person Completing This Questionnaire: ____________________________
Service Coordinator: ____________________________

1. Does your child have any food allergies?  
   Yes  No  Not sure  
   If yes, list foods: ____________________________

2. Does your child take any medications on a regular basis?  
   Yes  No  Not sure  
   (including vitamins, iron, fluoride, or other supplements)
   If yes, list: ____________________________

3. Does your child experience any of the following?  
   (Can answer "Yes" to more than one)  
   a. diarrhea  Yes  No  Not sure  
   b. constipation  Yes  No  Not sure  
   c. vomiting/ reflux  Yes  No  Not sure  
   Comments: ____________________________

4. Does your child experience any of the following?  
   (Can answer "Yes" to more than one)  
   a. difficulty with sucking  Yes  No  Not sure  
   b. difficulty with swallowing  Yes  No  Not sure  
   c. difficulty with chewing  Yes  No  Not sure  
   d. gagging  Yes  No  Not sure  
   e. choking  Yes  No  Not sure  
   Comments: ____________________________

5. Please circle the choice(s) below that describe how your child eats:  
   finger feeds  fed by spoon  self-feeds with spoon  self-feeds with fork  uses special feeding equipment  
   Comments: ____________________________

6. If you are currently breastfeeding, do you have any questions or concerns?  
   Yes  No  Not sure  
   If yes, describe: ____________________________

7. If your child uses a bottle:  
   do you add anything to the bottle?  Yes  No  Not sure  
   if yes, what: ____________________________  
   does she/he take the bottle to bed?  Yes  No  Not sure  

8. Please estimate the amounts (in ounces) that your child usually drinks or is fed in one day (24 hours):  
   _______ oz. formula  name: ____________________________  
   Circle choice(s): powder concentrate ready-to-feed tube-feeding  
   (NOTE: If powder or concentrate, please describe how you make it.)  
   _______ oz. juice  type(s): ____________________________  
   _______ oz. milk  type(s): ____________________________  
   _______ breast-milk  average number and length of feedings: ____________________________  
   _______ oz. water  source: (circle) bottled town well other: ____________________________  
   _______ oz. punch, koolaid, soda  
   _______ oz. other  

GUIDE:  
1 measuring cup = 8 oz.  
1 small bottle = 4 oz.  
1 large bottle = 8 oz.  
1 "sippy" cup = 4-6 oz.  

NOTE: Be sure to add up oz. child actually drinks; not what is put in bottle or cup.
9. Are you concerned about the amount or variety of foods your child takes in from the following food groups? (Can answer "Yes" to more than one)

   a. milk and dairy foods: Yes No Not sure
   b. meats, eggs, fish: Yes No Not sure
   c. vegetables: Yes No Not sure
   d. fruits: Yes No Not sure
   e. breads and cereals: Yes No Not sure

Comments:

10. Please circle the choice(s) below that describe your child's mealtime experiences and child's eating behaviors:

   - child refuses to eat
   - child eats well
   - child spits out food
   - child throws food or utensils
   - child eats too slowly
   - child eats items which are not food (such as crayons, dirt, paper, cigarettes, etc.)
   - child stuffs mouth
   - child unable to sit through the meal
   - child sits with family for meals
   - child eats separately
   - mealtimes are pleasant
   - mealtimes are hectic
   - meal seems to take too long
   - no scheduled mealtimes
   - no concerns in this area

Other concerns:

11. Do you often find that you run out of food? Yes No Not sure

Comments:

12. Do you have any questions/concerns about your child's nutrition and feeding? Yes No Not sure

   If yes, please describe and your service coordinator will discuss them with you:

13. Would you like to receive information and ideas about recommended infant and child foods, eating habits, or next steps? Yes No Not sure

   If yes, your service coordinator will discuss this with you.

14. Would you like to meet with someone about your child's nutrition and/or eating habits? Yes No Not sure

   If yes, your service coordinator will arrange this with you.

Please Help Us! We would like to know if you found this questionnaire helpful or if you found any part of it hard to use. Please share your feelings below:
# Early Intervention Nutrition Screening Information

**Date screening begun:**

**Child’s name:**

**Child’s Birthday:**

**Child’s Early Intervention ID#:**

**Child’s gender:**
- [ ] Male (M)
- [ ] Female (F)

1. **Does this parent or caregiver agree to complete an Early Intervention Nutrition Screening Questionnaire?**
   - [ ] Yes
   - [ ] No
   - [ ] Not sure

**Date to be returned:**

2. **The following information may be important to assess resources for this family:**

   - Does this family obtain AFDC? [ ] Yes [ ] No [ ] Not sure
   - Does this family obtain food stamps? [ ] Yes [ ] No [ ] Not sure
   - Does this family have Medicaid? [ ] Yes [ ] No [ ] Not sure
   - Is this child enrolled in WIC program? [ ] Yes [ ] No [ ] Not sure

3. **Does this parent or caregiver give consent to send a release form for weights, lengths or heights, growth chart, and lab work (hematocrit, hemoglobin, lead) to:**

   - [ ] WIC
   - [ ] Primary care physician
   - [ ] Specialist

   *Information in this block provided by:*
   - [ ] Parent or caregiver
   - [ ] Records from

4. **Does this child have any of the following diagnoses or chronic medical conditions?**

   - [ ] Down Syndrome
   - [ ] Cerebral Palsy
   - [ ] Spina Bifida
   - [ ] Anemia
   - [ ] Slow growth
   - [ ] Other condition affecting nutritional status, growth, or eating ability:

   *Information in this block provided by:*
   - [ ] Parent or caregiver
   - [ ] Records from

5. **Birth weight:**
   - [ ] lbs.
   - [ ] oz.
   - [ ] g

   **Birth length:**
   - [ ] in.
   - [ ] cm

   **Gestational age:**
   - [ ] wks.

6. **LABWORK**

   - **Hematocrit:** [ ] % or **Hemoglobin:** [ ] g/100ml

   **Date:**
   - [ ] (must be within 1 year)

   - **Lead (PB):** [ ] ug/dL

   **Source of information:**
   - [ ] WIC
   - [ ] Physician

   *Is this parent/caregiver aware of any problems that have been identified with this child’s labwork?*
   - [ ] Yes
   - [ ] No
   - [ ] Not sure

   *(When was it last done?)*

7. **ANTHROPOMETRICS**

   7.a. **Parent/caregiver’s report:**
   - Does the parent/caregiver know this child’s height or length? [ ] Yes [ ] No [ ] Approximately [ ] Not sure

   **Information in this block provided by:*
   - [ ] Parent or caregiver
   - [ ] Records from

   - **In. as of:**
   - **How was child measured?**
     - [ ] Lying
     - [ ] Standing
   - **Who measured?**
     - [ ] WIC
     - [ ] Physician
     - [ ] Other
   - **Was a percentile given?**
     - [ ] Yes
     - [ ] No
     - [ ] Not sure

   *Does the parent/caregiver know this child’s weight?*
   - [ ] Yes
   - [ ] No
   - [ ] Approximately

   **Information in this block provided by:*
   - [ ] Parent or caregiver
   - [ ] Records from

   - **Lb./oz. as of:**
   - **Who weighed?**
     - [ ] WIC
     - [ ] Physician
     - [ ] Other
   - **Was a percentile given?**
     - [ ] Yes
     - [ ] No
     - [ ] Not sure

7.b. **Found in records:**

   - What records? [ ] WIC
   - [ ] Physician
   - [ ] Other

   **Most recent height or length (circle which):**
   - [ ] in.
   - [ ] cm
   **Date:**

   **Most recent weight:**
   - [ ] lbs.
   - [ ] oz.
   - [ ] kg
   **Date:**

7.c. **Taken by Early Intervention personnel:**

   - **Date:**
   - **Height (child standing):**
     - [ ] in.
     - [ ] cm
   - **Length (child lying):**
     - [ ] in.
     - [ ] cm

   **Weight:**
   - [ ] lbs.
   - [ ] oz.
   - [ ] kg.
NUTRITION SCREENING RESULTS
(Check those items that apply then follow appropriate action on the right)

1.  ___ Parent/caregiver agreed to complete questionnaire  or  
    ___ Parent/caregiver declined questionnaire at this time

2.  ___ Family may be eligible for food/nutrition resources that they 
    do not currently obtain.  
    ___ Child participates in the WIC program.

3.  N/A

4.  ___ Dx or condition affecting nutritional status, growth, eating ability.

5.  ___ Birth weight < 2500g (5# 8oz.) and/or ___ gestational age < 37 weeks

6.  ___ Hematocrit: 34% OR LESS and/or ___ Hemoglobin: 11.2 g/dl OR LESS 
    ___ Lead (Pb): 10ug/dl or GREATER 
    ___ NO LABWORK IN PAST 6 MONTHS

7.  Plot growth information on appropriate growth chart for age, gender, and position in 
    which the child was measured (birth to 36 months if lying down; 2 to 18 years if 
    standing) and attach it to this screening form.

   NOTE: If child was low birth weight or premature (see #5 above) and is less than 12 
   months chronological age, plot CORRECTED AGE as well as chronological age.

   Check all that apply for this child below:
   ___ Length or height for age  < or =10th% OR  
   ___ Length or height for CORRECTED AGE  < 10th% 
   ___ Weight for length or height:  < or = 25th% if < 12 mos.  
       < or = 10th%  > or = 90th%

NUTRITION SCREENING QUESTIONNAIRE RESULTS
Check which of the following questions were answered "Yes"; a "Yes" response indicates a possible risk.)

   ___ 1 2 3 4 5 6 7 8 9 10 11

   2: check "yes" if:  ___ no source of fluoride 
       ___ double source of fluoride or iron 
       ___ megavitamin supplementation 
       ___ any frequent or regular medication (including antibiotics, seizure med, etc.)
       ___ other:

   5: check "yes" if:  ___ 7 mo. or older and doesn't yet sip from a cup 
       ___ 9 mo. or older and doesn't self feed with fingers 
       ___ 12 mo. or older and drinks primarily from a bottle 
       ___ 19 mo. or older and doesn't yet self-feed with utensils 
       ___ other:

   8: check "yes" if:  ___ under 12 mo. and drinks less than 24 oz. formula 
       ___ 12 mo. or older and drinks more than 40 oz. formula or milk 
       ___ drinks skim or lowfat milk 
       ___ drinks more than 12 oz. juice, punch, koolaid, soda 
       ___ uses powdered or concentrated formula and may need guidance in correct preparation 
       ___ other:

   10: check "yes" if:  ___ mealtime experiences and child's eating behaviors appear to be of concern

   ___ 12. Parent/caregiver has questions or concerns about child's nutrition and/or feeding.
   ___ 13. Parent/caregiver would like to receive more information.
   ___ 14. Parent/caregiver would like to meet with someone about child's nutrition and/or feeding.

   REFER for further assessment or consultation if 2 or more "Yes" responses to 
   questions 1 thru 11.

GUIDELINE FOR FURTHER ACTION
(Circle the actions to be taken)

Assess risks from questionnaire as below. Offer rescreening in 3 to 6 months.

Provide family with referral information. 

Obtain release and maintain communication with WIC provider.

REFER for assessment and consultation.

Proceed as in #7.

REFER for assessment and consultation.

Ask parent/caregiver to request labwork.

REFER for assessment and consultation.

REFER for assessment and consultation.

REFER for assessment and consultation.

REFER for assessment and consultation.

REVIEW for further assessment or consultation.

SCREENING COMPLETED: ___ 31 ___

Service Coordinator's Signature:

Parent/caregiver's Signature: 

BEST COPY AVAILABLE
Resources


   Contact: Johanna Dwyer, D.Sc., RD, Frances Stern Nutrition, New England Medical Center, 750 Washington St. Box 783, Boston, MA. 02111. Phone: 617-636-5273.


   Contact: Gail Lewis, A.H.E.C. 50 Lake Avenue, Worcester MA. 01604. Phone: 508-756-6676. Training Manual $35.00; slide set $50.00; make check payable to A.H.E.C.

   This guide contains tools for EI providers interested in nutrition training for the families of children birth to three years. The training manual contains program recommendations, models of nutrition service, nutrition screening and assessment tools, educational materials, and reimbursement guidelines. The slide set focuses on common feeding, nutrition, and growth issues for children birth to three years.


   Consuming Concerns is a 21 minute videotape based on the EARLY START slides. The video is designed to enhance the viewer’s awareness of the nutrition concerns of children in Birth to Three Early Intervention Programs. The videotape reviews six major nutrition concerns of children in Birth to Three/Early Intervention Programs and the contribution of a nutritionist. The trainer's guide includes a pre and post test, “Fact Sheets” on the nutrition concerns discussed in the video, trigger questions, and an evaluation form.


   Contact Irene Palafox, UAP Center for Child Development and Developmental Disorders. Children’s Hospital of Los Angeles, Attn: Resource Center Coordinator,
This manual provides guidelines for nutrition screening for children from birth to three years. It includes dietary guidelines for young children and a feeding skills section that reviews the developmental sequence in the acquisition of skills needed to consume foods of various textures. A nutrition screening section provides several screening tools including guides for measuring height and weight and growth charts for evaluating measurements. The guide contains checklists and/or fact sheets on various nutrition problems that are frequently experienced by young children, written in English, Spanish, and/or Chinese. Sections on cerebral palsy, drug-exposed infants and Down syndrome and their effects on nutrition status and feeding are also included. It was adapted from the C.H.E.W.S. Nutrition Project, New Mexico Department of Health and Environment.


Contact: Materials Management PO Box 47905 Olympia, WA 98504. 206-586-9046.

This publication is designed to promote nutrition screening, assessment, and intervention as routine components of comprehensive health care for children with disabilities and chronic illnesses. These guidelines outline appropriate procedures for identification of children who require nutrition assessment and intervention. To those providing nutrition care they provide guidance on comprehensive nutrition assessment and intervention for many problems common to children with disabilities or chronic illness. These guidelines do not discuss every nutritional concern that a health care provider may encounter in a child with a disability or chronic illness. Three areas in particular were not included- metabolic disorders, gastrointestinal anomalies, and medical problems associated with tube feeding.


Contact Child and Adult Nutrition Services Division, Department of Education and Cultural Affairs 700 Governors Drove, Pierre, SD 57501-2291. 605-773-3413.

This manual is designed to provide school food service personnel, teachers, parents, and health care providers with the information they need to meet the diverse and individual needs of persons with special needs. Writers were cognizant
of the Americans with Disabilities Act and civil rights regulations. Topics covered include nutrition challenges of persons with special needs; the role of school food service; partnerships in meeting special nutrition and feeding needs; vitamins, minerals, and fluids; nutrition screening and assessment; identifying children at risk; nutritional care of slow growing and underweight children; management of the overweight individual; diets for selected medical and genetic conditions; tube feeding; bowel problems; food allergies and hyperactivity; management of unusual eating patterns and failure to thrive; gagging, vomiting, and rumination; feeding assessment and intervention; drug, nutrient, and food interactions; oral and dental considerations; and behavior issues in nutrition and feeding programs.


Contact Jackie Krick, the Nutrition Division, The John F. Kennedy Institute for Handicapped Children, 707 North Broadway, Room 20, Baltimore MD. 21205 Phone: 410-522-5441.

This packet provides information that ties together the relationship of nutrition factors and clinical strategies to disabilities. Topics are covered by both a scientific based description for professionals and nutrition education fact sheets for families and parents, and include: feeding, dental health, fluids, diet and underweight, diet and weight control, dietary fiber, and constipation, lead poisoning, megavitamin therapy nutritional effects of drug therapy, and hyperactivity.


Contact Tina Shaddix, United Cerebral Palsy, 2430 11th Avenue North, Birmingham AL. 35234. Phone: (205) 251-0165.

This five pamphlet series provides relevant information on nutrition to those involved in the care and treatment of children with developmental disabilities. Each pamphlet addresses a major nutritional concern of the child with developmental disabilities and offers dietary measures designed to alleviate the problem. The titles of the pamphlet are: Promoting weight gain, Weight control for the overweight child, Oral motor development and feeding techniques, Management of constipation, and Meal planning for the childhood years.

This set of brochures is designed to help parents of children with special health care needs promote their child’s nutrition and good eating habits. A general brochure on nutritional goals, discussing growth, good feeding skills, disease resistance, energy, and normal elimination contains 9 subject specific brochures on: chewing, positioning for eating, weight gain, self-feeding, swallowing relieving constipation, fluid needs, drinking from a cup, and preventing iron deficiency anemia.


Contact Sharon Feucht, Editor Nutrition Focus, CDMRC, University of Washington Box 37920 Seattle WA 98105-7920 Phone: 206-685-1297. Cost: $24.00 per year.

This bimonthly newsletter features nutrition issues of children with special health care needs and their families. The newsletter is designed for use by health care providers and others who serve these children in a community or ambulatory setting. Each feature article highlights a specific disorder or nutrition concern and offers practical suggestions through nutrition assessment and intervention strategies, case studies, and references and resources for clients, families, and the health care professional.

11. Van Riper CL, and Beeman LE. Pediatric nutrition screening and assessment: A self study module. Omaha NE. Meyer Rehabilitation Institute. University of Nebraska Medical Center, 600 South 42nd St. Omaha NE 68198. Phone: (402) 559-7467.
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