

PARENT CHECKLIST: FEEDING/SWALLOWING CONCERNS

Speech Therapy Department

Do mealtimes	cause great stre	ess for botl	h you and	l your
child?				

- ☐ Is your child a picky eater? Examples: eats less than 20 different foods, refuses new foods, or struggles to try new foods.
- Does your child gag, cough, choke, vomit, swallow food without chewing or place too much food in their mouth when eating?
- ☐ Is your child having a difficult time transitioning from baby food to table food, causing you to be concerned about his/her intake?
- ☐ Is your child struggling to transition from a bottle to a sippy or open cup?
- Does your child cough, choke or gag when drinking, causing liquid to run out of their mouth?
- Do you notice that your child has food in their mouth (in their cheek pockets) after a meal or snack?
- Do mealtimes take longer than 30 minutes, with your child demonstrating difficult mealtime behaviors?
- ☐ Are you concerned about your child getting the proper nutrition due to his or her limited intake?
- Does your child avoid or seem fearful of certain foods?



NEXT STEPS

Talk to your pediatrician or family doctor if you answered "yes" to any of the above questions. Your child may benefit from a referral to a pediatric speech language pathologist for further evaluation.

OUR SERVICES

The Hendricks Regional Health Speech Therapy Department offers assessment and treatment of pediatric feeding and swallowing disorders. Call (317) 745-3414 to learn more.