

## Infant/Toddler Daily Food Intake and Activities

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

### FOOD INTAKE

Meal Type	Food Served	% of Total Intake
<b>Breakfast</b>	_____	___ <b>100%</b>
	_____	___ <b>75%</b>
	_____	___ <b>50%</b>
	_____	___ <b>25%</b>
	_____	
<b>Lunch</b>	_____	___ <b>100%</b>
	_____	___ <b>75%</b>
	_____	___ <b>50%</b>
	_____	___ <b>25%</b>
	_____	
<b>Dinner</b>	_____	___ <b>100%</b>
	_____	___ <b>75%</b>
	_____	___ <b>50%</b>
	_____	___ <b>25%</b>
	_____	
<b>Snacks</b>	<b>A.M.</b>	___ <b>100%</b>
	_____	___ <b>75%</b>
	_____	___ <b>50%</b>
	_____	___ <b>25%</b>
	_____	
	<b>P.M.</b>	___ <b>100%</b>
	_____	___ <b>75%</b>
	_____	___ <b>50%</b>
	_____	___ <b>25%</b>
	_____	

**NAPS:** \_\_\_ YES      Time(s): (1) \_\_\_ until \_\_\_      (2) \_\_\_ until \_\_\_      (3) \_\_\_ until \_\_\_

Comments (if any) \_\_\_\_\_

\_\_\_ NO      Reason: \_\_\_\_\_

**PLAYTIME:** \_\_\_\_\_

**OTHER INFORMATION:** \_\_\_\_\_