

Infant/Toddler Daily Food Intake and Activities

Child's Name _____ Date _____

FOOD INTAKE

Meal Type	Food Served	% of Total Intake
Breakfast	_____	___ 100%
	_____	___ 75%
	_____	___ 50%
	_____	___ 25%

Lunch	_____	___ 100%
	_____	___ 75%
	_____	___ 50%
	_____	___ 25%

Dinner	_____	___ 100%
	_____	___ 75%
	_____	___ 50%
	_____	___ 25%

Snacks	A.M.	___ 100%
	_____	___ 75%
	_____	___ 50%
	_____	___ 25%

	P.M.	___ 100%
	_____	___ 75%
	_____	___ 50%
	_____	___ 25%

NAPS: ___ YES Time(s): (1) ___ until ___ (2) ___ until ___ (3) ___ until ___

Comments (if any) _____

___ NO Reason: _____

PLAYTIME: _____

OTHER INFORMATION: _____