

Patient Name: \_\_\_\_\_

Date of Feeding Evaluation: \_\_\_\_\_

Dear Parent/Caregiver:

We are looking forward to meeting you and your family to learn more about your child's eating. In this letter, you will find a food log and an intake form. Please complete these forms before your outpatient feeding evaluation.

**Please bring the items on this list with you to the evaluation:**

- Completed food log
- Completed intake form
- Videos of your child eating (if possible)
- Food for your child to eat at the evaluation
  - A drink and a cup or bottle your child uses at home
  - Smooth food such as yogurt, applesauce, pudding, etc
  - Crunchy food or food that needs chewing such as crackers, cookies, sandwich, etc.
  - A food that is difficult for your child to eat (a food that they do not like, is hard to chew and swallow or a food/liquid they cough or gag when eating)

Please make sure to arrive 15 minutes early as traffic and parking might take some time. If you have any questions, please call the clinic at (323) 361-4563.

Sincerely,

The Department of Hearing and Speech