

## **Eating and Drinking Plan**

**Name:** D.O.B.

**Date:**

**Review:**

### **Equipment**

#### **Eating**

**Texture:**

**Positioning/Support:**

#### **Drinking**

**Thickness:**

**Utensils:**

**Positioning/support:**

#### **Likes/Dislikes**

#### **Safety Issues**

#### **Communication**

This plan has been discussed, demonstrated and agreed with the following staff:

The plan should be shared with any other member of staff offering the child food or drink. Any changes affecting the agreed Feeding Plan i.e. changes to textures, school dinner to packed lunches and vice versa etc must be discussed prior to implementation.

**Signed:**

**Date:**

Speech and Language Therapist

Cc Parents

Teacher (laminated for use in dining hall)