

(AGES INFANT TO 10 YEARS ONLY)

WRITE AGE YOUR CHILD ACHIEVED THE FOLLOWING ACTIVITIES:

Example: Activity Age
 Rolls over 4 months

Activity	Age	Activity	Age	Activity	Age
Holds head up		Smiles		Coos	
Rolls over		Reaches for Objects		Laughs	
Sits Alone		Drinks from Cup		Babbles	
Walks		Scribbles		First Words	
Jumps in Place		Feeds Self with Spoon		Combines Two Words	
Broad Jumps		Toilet Trained		Uses Sentences	
Catches Ball		Dresses Self		Tells Story	
Jumps Rope		Draws Triangle		Reads Words	
Rides Bicycle		Does Chores		Tells Time	

NUTRITION SCREENING

Age Breast Milk or Formula? Solid Foods Eaten Daily List Concerns
 0 – 12 mos. Type & Amount Daily

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(Circle one)

WIC Client: **Yes** **No**

(AGE 1 YEAR TO 10 YEARS ONLY):

List Servings Daily of:

Dairy Products Vegetables Fruit Bread, Cereal Meat, Fish, Beans
 (Milk, yogurt, cheese) Rice, Pasta Eggs

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Lists any concerns with your child's diet _____
