MealSense Communication Checklist

This checklist is a tool that can be used as a self-assessment after mealtime. It may highlight current strengths in your mealtime communication as well as areas to work on. Complete the checklist for 2 meals and see page 2 for next steps.

MEAL #1:	*YES*	*NO*	*SOMETIMES*	*EXAMPLES*
I set mealtime goals my child could achieve.				
I included my child's strengths and interests.				
I made changes to my behavior in response to my child's cues.				
I made small changes to help my child become more flexible.				
I provided positive reinforcement.				
I modeled the behaviors I wanted to see.				

MEAL #2	*YES*	*NO*	*SOMETIMES*	*EXAMPLES*
I set mealtime goals my child could achieve.				
I included my child's strengths and interests.				
I made changes to my behavior in response to my child's cues.				
I made small changes to help my child become more flexible.				
I provided positive reinforcement.				
I modeled the behaviors I wanted to see.				

After completing the checklist for two meals, highlight items marked "no" or "sometimes". Review with your occupational therapist and develop a list of action steps to address these areas at home. Complete the checklist for two meals to measure progress after 1-2 weeks.

MEAL #3	YES	NO	SOMETIMES	EXAMPLES
I set mealtime goals my child could achieve.				
I included my child's strengths and interests.				
I made changes to my behavior in response to my child's cues.				
I made small changes to help my child become more flexible.				
I provided positive reinforcement.				
I modeled the behaviors I wanted to see.				

MEAL #4	YES	NO	SOMETIMES	EXAMPLES
I set mealtime goals my child could achieve.				
I included my child's strengths and interests.				
I made changes to my behavior in response to my child's cues.				
I made small changes to help my child become more flexible.				
I provided positive reinforcement.				
I modeled the behaviors I wanted to see.				