



Beit Yeladim Infant Center

Needs and Services Plan

Feeding Plan for _____

(A) Are there any special instructions about diet or feeding from a physician?

(B) What is usual diet?

Time	Foods	Consistency (mashed, bite-sized, etc)

(C) When and what are the next new foods which will be offered?

Date	Foods	Consistency

(D) Special likes or dislikes?

Like	Dislike

(E) Any food allergies?

(F) Drinks from ___bottle ___toddler cup ___cup ___glass;
eats with ___spoon ___fork ___other: _____;
next utensil to be introduced _____ date _____

Date of Initial Plan:

Date of this Update:

Parent's Signature:

Director's Signature:



Beit Yeladim Infant Center

Needs and Services Plan

Toilet Training Plan for _____

(A) Are there any special instructions about elimination from a physician?

(B) Which are used?

Item	Current Use (never, sometimes, always)?	To be introduced when?
diapers		
training pants		
potty chair		
toilet		

(C) Plan of introduction for toilet use (Staff and parents will agree on timing and methods. Toilet training will include training in correct handwashing and hygiene procedures.):

Date of Initial Plan: _____ Date of this Update: _____

Parent's Signature: _____

Director's Signature: _____