



ORANGE COUNTY HEAD START, INC., EARLY HEAD START CHECKLIST FOR SKILLS PROGRESSION

Child's Name: _____ Center: _____

(Staff must pay attention to signs of readiness and give the infant the tools to move developmentally forward learning and practicing new self-feeding skills.)

INTRODUCING LIQUIDS IN CUPS

P	Drinking from a cup starts no later than 6-8 months.	(Start with water or single ingredient juice diluted 1:1 with water. Offer from a cup, holding the cup for the infant at first. After baby reaches for cup, allow baby to help guide the cup. When baby wants to hold the cup, placing small amounts of liquid in cup at first result in fewer spills. Using a cup with a broad base and two handles (at first) results in fewer spills and better success.)	Comments (e.g., reactions, already using a cup, drinking with sippy lid, drinking from open cup without sippy lid, etc.)
<input type="checkbox"/>	± drinking from a cup	Date:	

FINGER FOODS

P	Finger foods start no later than 8-10 months.	(Encourage infant to attempt to self-feed with his/her hands. Infant needs lateral tongue movement. Observe infant for swallowing or chewing problems.)	Comments (e.g., reactions, foods already tried to finger feed, etc.)
<input type="checkbox"/>	± mild cheese	Date:	
<input type="checkbox"/>	± toasted bread squares	Date:	
<input type="checkbox"/>	± unsalted crackers	Date:	
<input type="checkbox"/>	± soft tortilla (small pieces)	Date:	
<input type="checkbox"/>	± cooked ground beef	Date:	
<input type="checkbox"/>	± cooked meat	Date:	
<input type="checkbox"/>	± cooked chicken	Date:	
<input type="checkbox"/>	± soft cooked vegetables	Date:	
<input type="checkbox"/>	± peeled soft fruit	Date:	
<input type="checkbox"/>	± other: _____	Date:	
<input type="checkbox"/>	± other: _____	Date:	

USING A SPOON

P	Spoon-feeding starts no later than 10-12 months.	(Encourage infant to attempt to self-feed with a spoon. Allow the infant to try and use a spoon as soon as he/she reaches for a spoon. Initial success is easier with foods that adhere to the spoon like thick infant cereal.)	Comments (e.g., reactions, foods already tried to spoon feed, etc.)
<input type="checkbox"/>	± infant cereal	Date:	
<input type="checkbox"/>	± mashed foods	Date:	
<input type="checkbox"/>	± other: _____	Date:	
<input type="checkbox"/>	± other: _____	Date:	
<input type="checkbox"/>	± other: _____	Date:	
<input type="checkbox"/>	± other: _____	Date:	
<input type="checkbox"/>	± other: _____	Date:	

P - Per Parent report, these skills have been introduced at home.