Steps to Eating

1. Tolerates
   1. Being in the same room
   2. Being at the table with food on the other side of the table
   3. Being at the table with food half way across the table
   4. Being at the table with food approximately in front of the child
   5. Looks at food when directly in front of child

2. Interacts with
   1. Helps with making or set up of food
   2. Uses utensils or a container to stir or pour food or drink
   3. Uses utensils or container to serve self
   4. Leans down or picks up to smell

3. Smells
   1. Odor in room
   2. Odor at table
   3. Odor directly in front of child
   4. Leans down or picks up to smell

4. Touches
   1. With finger tips or pads
   2. Whole hand
   3. Chest, shoulder
   4. Top of head
   5. Chin, cheek
   6. Nose
   7. Lips
   8. Teeth
   9. Tip of tongue, full tongue

5. Eats
   1. Licks lips, tongue licks food
   2. Bites off piece and spits out
   3. Bites pieces, holds in mouth for a few seconds and spits out
   4. Bites, chews a few times and spits out
   5. Chews and partially swallows
   6. Chews, swallows with drink
   7. Chews and swallows independently

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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