

Supplemental Material S1. Telepractice Assessment Form.

Please note this form has been compiled as a checklist of observations for a clinical feeding assessment, based on evidence available at the time. It is NOT a validated assessment tool.

1. Introduction, safety procedures and disconnection procedures Camera Position 1 – Wide angle view of parent and child		
<input type="checkbox"/>	1. Introduction: Introduce yourself, the purpose of the session and clarify who is present	
<input type="checkbox"/>	2. Emergency procedures: Verbally establish and clarify the emergency procedures: <ul style="list-style-type: none"> <input type="checkbox"/> Provide the family with your contact number <input type="checkbox"/> Clarify the family's best contact number <input type="checkbox"/> Verbally agree on plan in case of emergency - <i>"In the case of a medical emergency, you are responsible for commencing first aid and for calling [emergency services phone number]. I will stay on the line and can provide you with support as needed. Do you understand what to do in case of an emergency?"</i> 	
<input type="checkbox"/>	3. Disconnection procedures: Verbally establish and clarify what to do in the event of a session disconnection - <i>"If the appointment cuts out and doesn't reconnect within 1 minute, try logging out of the appointment and re-connecting. If you are still unable to establish a connection, please call me on the phone number I've given you."</i>	
2. Case history and review of sent images ¹		
Camera Position 1 – Wide angle view of parent and child		
<input type="checkbox"/>	1. Case History: Discuss the case history information received prior to the telepractice session and clarify/discuss further information as needed.	
<input type="checkbox"/>	2. Discuss images: Discuss the images sent prior to the appointment and clarify that the picture(s) are representative of the child's usual feeding position. If the soft palate and uvula are not visible on the photo, ask <i>"Does the child ever have food/drink come out of their nose (nasal regurgitation) or sound congested during feeding?"</i> <ul style="list-style-type: none"> • If the parent answers yes and you are unable to assess the integrity of the palate, a local assessment is recommended (e.g., GP, Child Health Nurse, Speech Pathologist) 	
* Indicates additional prompt recommended following inter-rater reliability study.		
3. Positioning ^{2, 3, 4, 5}		
Asynchronous photo assessment + Camera Position 1		
<i>Assess the child's positioning including type of equipment, modifications, and adequacy of support</i>		
a) What seating system is the child using?		
<input type="checkbox"/> High chair	<input type="checkbox"/> Children's table/chair	<input type="checkbox"/> Adult table/chair
<input type="checkbox"/> Hook on chair	<input type="checkbox"/> Tripp Trapp Chair	<input type="checkbox"/> Held by caregiver
<input type="checkbox"/> Other/specialized seating system (describe):		
b) Does the system have any additional modifications (e.g., rolled towels)?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe:	
c) Is the child's positioning adequate or inadequate?		
	Adequate	Inadequate (comment)
Head	<input type="checkbox"/>	<input type="checkbox"/>
Trunk	<input type="checkbox"/>	<input type="checkbox"/>
Hips	<input type="checkbox"/>	<input type="checkbox"/>
Feet	<input type="checkbox"/>	<input type="checkbox"/>
4. Developmental screen ¹		
Camera position 3 – Front on view of child's face and chest with high chair tray/table in view		
<i>Observe the child playing with a toy for 1-2 minutes. Use this time to informally screen the child's overall development and to develop rapport with the child.</i>		
<input type="checkbox"/> Appropriate for age expectations <input type="checkbox"/> Unable to assess		
<input type="checkbox"/> Concerns in the following area(s): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Gross motor <input type="checkbox"/> Fine motor <input type="checkbox"/> Play <input type="checkbox"/> Communication <input type="checkbox"/> Sensory </div>		
Comments:		

5. Oral sensorimotor assessment ^{2, 3, 6, 7, 8}			
Asynchronous photo assessment + Camera Position 3 - front on view of child's face and chest (with high chair tray/table in view)			
Assess the child's oral sensorimotor skills via informal observation or a structured oral sensorimotor examination (as appropriate for the child). If no differences are observed, tick "NAD." If differences are observed, tick areas of difference/concern and the side (left [L] or right [R]) if applicable. Use the pictures sent prior to the assessment to evaluate palate and tonsils. NB. NAD = Nil abnormalities detected. Ax = Assess			
Face <input type="checkbox"/> NAD <input type="checkbox"/> Unable to ax <input type="checkbox"/> Not assessed	<input type="checkbox"/> Asymmetrical at rest L R		<input type="checkbox"/> Asymmetrical in movement L R
	<input type="checkbox"/> Hyposensitive response to touch		<input type="checkbox"/> Hypersensitive response to touch
Lips <input type="checkbox"/> NAD <input type="checkbox"/> Unable to ax <input type="checkbox"/> Not assessed	<input type="checkbox"/> Asymmetrical at rest L R		<input type="checkbox"/> Asymmetrical in movement L R
	<input type="checkbox"/> Impaired spreading		<input type="checkbox"/> Impaired rounding
	<input type="checkbox"/> Impaired alternating movement (e.g., oo-ee)		<input type="checkbox"/> Reduced rate of movement
	<input type="checkbox"/> Other (e.g., cleft, scar)		
Tongue <input type="checkbox"/> NAD <input type="checkbox"/> Unable to ax <input type="checkbox"/> Not assessed	<input type="checkbox"/> Asymmetrical at rest L R		<input type="checkbox"/> Asymmetrical in movement L R
	<input type="checkbox"/> Impaired protrusion		<input type="checkbox"/> Impaired lateralization
	<input type="checkbox"/> Impaired elevation		<input type="checkbox"/> Impaired depression
	<input type="checkbox"/> Fasciculations		<input type="checkbox"/> Tongue tie
	<input type="checkbox"/> Reduced rate of movement		
	<input type="checkbox"/> Other – describe:		
Jaw <input type="checkbox"/> NAD <input type="checkbox"/> Unable to ax <input type="checkbox"/> Not assessed	<input type="checkbox"/> Asymmetrical at rest L R		<input type="checkbox"/> Asymmetrical in movement L R
	<input type="checkbox"/> Open mouth posture at rest		<input type="checkbox"/> Clenched
	<input type="checkbox"/> Class II malocclusion (overbite)		<input type="checkbox"/> Class III malocclusion (underbite)
	<input type="checkbox"/> Micrognathia/retrognathia		
Dentition <input type="checkbox"/> NAD <input type="checkbox"/> Unable to ax <input type="checkbox"/> Not assessed	<input type="checkbox"/> Open bite (teeth can't touch together)	<input type="checkbox"/> Evidence of dental caries	<input type="checkbox"/> Other (please specify)
Saliva control <input type="checkbox"/> NAD <input type="checkbox"/> Unable to ax <input type="checkbox"/> Not assessed	<input type="checkbox"/> Mild impairment (wet lips only)		<input type="checkbox"/> Moderate impairment (wet lips and chin)
	<input type="checkbox"/> Severe impairment (wet clothes)		<input type="checkbox"/> Profuse impairment (wet clothing, hands and trays)
Palate <input type="checkbox"/> NAD <input type="checkbox"/> Unable to ax <input type="checkbox"/> Not assessed	<input type="checkbox"/> Soft palate cleft		<input type="checkbox"/> Hard and soft palate cleft
	<input type="checkbox"/> Impaired soft palate elevation		<input type="checkbox"/> Hypernasal resonance
	<input type="checkbox"/> Hyponasal resonance		<input type="checkbox"/> Mixed nasality
Palatine Tonsils <input type="checkbox"/> NAD <input type="checkbox"/> Unable to ax <input type="checkbox"/> Not assessed	<input type="checkbox"/> Removed		<input type="checkbox"/> Grade 1/2 (up to 50% oropharyngeal airway)
	<input type="checkbox"/> Grade 3 (up to 75% of oropharyngeal airway)		<input type="checkbox"/> Grade 4 (>75% of oropharyngeal airway)

6. Pre-feeding health/respiratory status	
Indicate if the child demonstrates/displays any of the following prior to assessment * Seek verbal clarification from parent (e.g., "It sounds like they have a snuffly nose")	
<input type="checkbox"/> NAD <input type="checkbox"/> Difference: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Cough <input type="checkbox"/> Nasal congestion </div> <div> <input type="checkbox"/> Wet airway noise <input type="checkbox"/> Increased respiratory effort </div> <div> <input type="checkbox"/> Wet vocalizations </div> </div>	

7. Fluids ^{4, 9, 10}		<input type="checkbox"/> Assessed	<input type="checkbox"/> Not assessed
Camera position 4 – Device on 45-degree angle from child with parent/caretaker in frame			
Ask the parent/caretaker to provide the child with their usual fluid(s) and observe the child's skills. All sections except for "acceptance" are only marked if the child demonstrates an impairment in any item; if there are no concerns with a child's skill, mark "AA" (appropriate for age expectations).			
	Fluid/ Vessel 1:	Fluid/ Vessel 2:	Fluid/ Vessel 3:
Preferred (P) or non-preferred (NP)?	<input type="checkbox"/> Preferred <input type="checkbox"/> NP	<input type="checkbox"/> Preferred <input type="checkbox"/> NP	<input type="checkbox"/> Preferred <input type="checkbox"/> NP
Acceptance	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Tolerated			
Interacted with			
Touched			
Tasted			
Swallowed			
Sensory response/stress cues	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Gagging			
Vomiting			
Throwing fluid/utensil			
Pushing away			
Turning away			
Hitting/scratching			
Crying/tantrums			
Attempting to escape			
Finger splaying			
Self-stimulatory behaviors (e.g., flapping hands)			
Other – specify			
Oral sensorimotor skills	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Impaired lip seal			
Impaired jaw movement/stability (<i>biting on cup age appropriate < 2 years</i>)			
Tongue protrusion – impaired (<i>age appropriate with swallow < 8 months and age appropriate on vessel < 18 months</i>)			
Fluid loss – impaired (<i>minor fluid loss age appropriate <18 months</i>)			
Oral residue			
Swallowing behaviors	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Tips head back to initiate swallow			
Inability to manage consecutive swallows			
> 2 swallows per bolus			
Requires prompting to swallow			
Does not initiate swallow			

Clinical signs suggestive of aspiration and/or potential pharyngeal phase difficulty *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Cough not of concern (e.g., developmental)			
Cough of concern (e.g., wet cough, frequent cough)			
Choking			
Throat clearing			
Wet/gurgly breathing			
Wet/gurgly vocalizations/voice			
Eye tearing			
Color change - red			
Color change – blue (cyanosis)			
Respiratory status *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Wheeze			
Stridor			
Increased respiratory rate			
Labored breathing			
Tracheal tug			
Other *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Nasal regurgitation			
Nasal congestion			

8. Puree <small>4, 9, 10</small> <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed <input type="checkbox"/> Not applicable			
Camera position 4 – Device on 45-degree angle from child with parent/carer in frame			
<i>Ask the parent/caretaker to provide the child with their usual puree and observe the child's skills. All sections except for "acceptance" are only marked if the child demonstrates an impairment in any item; if there are no concerns with a child's skill, mark "AA" (appropriate for age expectations).</i>			
Developmental skill			
Puree and utensil (e.g., 4mth apple puree – pouch)	<u>Puree 1:</u> <u>Utensil:</u>	<u>Puree 2:</u> <u>Utensil:</u>	<u>Puree 3:</u> <u>Utensil:</u>
Preferred/non-preferred?	<input type="checkbox"/> Preferred <input type="checkbox"/> Non-preferred	<input type="checkbox"/> Preferred <input type="checkbox"/> Non-preferred	<input type="checkbox"/> Preferred <input type="checkbox"/> Non-preferred
Acceptance	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Tolerated			
Interacted with			
Touched			
Tasted			
Swallowed			
Sensory response/stress cues	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Gagging			
Vomiting			
Throwing fluid/utensil			
Pushing away			
Turning away			

Hitting/scratching			
Crying/tantrums			
Attempting to escape			
Finger splaying			
Self-stimulatory behaviors (e.g., flapping)			
Other – specify			
Oral sensorimotor skills	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Nil anticipatory mouth opening			
Impaired lip closure			
Anterior bolus loss			
Tongue protrusion/thrust			
Oral residue			
Swallowing behaviors	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
> 2 swallows per bolus			
Needs prompting to swallow			
Does not initiate swallow			
Clinical signs suggestive of aspiration and/or potential pharyngeal phase difficulty *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Coughing not of concern (e.g., developmental)			
Coughing of concern (e.g., wet cough)			
Choking			
Throat clearing			
Wet/gurgly breathing			
Wet/gurgly vocalizations/voice			
Eye tearing			
Color change - red			
Color change – blue (cyanosis)			
Respiratory changes *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Wheeze			
Stridor			
Increased respiratory rate			
Labored breathing			
Tracheal tug			
Other *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Nasal regurgitation			
Nasal congestion			

9. Chewable solids <small>4, 9, 10</small> <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed <input type="checkbox"/> Not applicable					
Camera position 4 – Device on 45-degree angle from child with parent/caretaker in frame					
<i>Ask the parent/caretaker to provide the child with a range of chewable foods. All sections except for “acceptance” and “developmental skill” are only marked if the child demonstrates an impairment in any item; if there are no concerns with a child’s skill, mark “AA” (appropriate for age expectations).</i>					
Developmental skill					
Type of biting	<input type="checkbox"/> Sucking rather than biting		<input type="checkbox"/> Phasic bite and release	<input type="checkbox"/> Sustained bite with associated body movement	<input type="checkbox"/> Controlled sustained bite
Tongue lateralization	<input type="checkbox"/> None		<input type="checkbox"/> Emerging	<input type="checkbox"/> Well-developed	<input type="checkbox"/> Use of fingers to position food
Type of chewing	<input type="checkbox"/> Absent/sucking pattern	<input type="checkbox"/> Munching with stereotypical vertical chew	<input type="checkbox"/> Munching with non-stereotypical vertical chew	<input type="checkbox"/> Diagonal rotary chew	<input type="checkbox"/> Circular rotary chew
			<u>Food #1:</u>	<u>Food #2:</u>	<u>Food #3:</u>
Preferred/non-preferred?			<input type="checkbox"/> Preferred <input type="checkbox"/> Non-preferred	<input type="checkbox"/> Preferred <input type="checkbox"/> Non-preferred	<input type="checkbox"/> Preferred <input type="checkbox"/> Non-preferred
Acceptance			<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Tolerated					
Interacted with					
Touched					
Tasted					
Swallowed					
Sensory response/stress cues			<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Gagging					
Vomiting					
Throwing fluid/utensil					
Pushing away					
Turning away					
Hitting/scratching					
Crying/tantrums					
Attempting to escape					
Finger splaying					
Self-stimulatory behaviors (e.g., flapping hands)					
Other – specify					
Oral sensorimotor skills			<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Nil anticipatory mouth opening					
Impaired lip seal					
Anterior bolus loss					
Impaired tongue lateralization					
Impaired biting					

Impaired chewing				
Jaw grading – too wide				
Jaw grading – too small				
Over-stuffing				
Tongue protrusion/thrust with swallow				
Oral residue				
Swallowing behaviors	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
> 2 swallows per bolus				
Needs prompting to swallow				
Does not initiate swallow				
Clinical signs suggestive of aspiration and/or potential pharyngeal phase difficulty *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Coughing not of concern (e.g., developmental)				
Coughing of concern (e.g., wet cough)				
Choking				
Throat clearing				
Wet/gurgly breathing				
Wet/gurgly vocalizations/voice				
Eye tearing				
Color change - red				
Color change – blue (cyanosis)				
Respiratory changes *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Wheeze				
Stridor				
Increased respiratory rate				
Labored breathing				
Tracheal tug				
Other *Suggest checking with parent	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference	<input type="checkbox"/> AA <input type="checkbox"/> Difference
Nasal regurgitation				
Nasal congestion				

10. Parent–child interaction ⁴		
Complete after observation of feeding session		
Parent–child interaction during mealtimes was:		
<input type="checkbox"/> Appropriate <input type="checkbox"/> Negatively impacted		
1. Antecedent (Parent)		
Verbal	Questions (e.g., “Are you going to take a bite now?”)	<input type="checkbox"/>
	Begging/pleading (e.g., “Please take a bite for mummy”)	<input type="checkbox"/>
	Bargaining/coaxing (e.g., “You can play games on my phone if you take a bite”)	<input type="checkbox"/>
	Raised voice (e.g., “Take a bite now!”)	<input type="checkbox"/>
	Threats (e.g., “Take a bite, or I’ll take your toys away”)	<input type="checkbox"/>
Physical	Restraining the child (e.g., holding down the child’s arms)	<input type="checkbox"/>
	Force feeding (e.g., holding the spoon to the child’s mouth until the accept it, forcing food into the child’s mouth)	<input type="checkbox"/>
2. Behavior (Child)		
Verbal	Verbal protest (e.g., “I don’t like it”)	<input type="checkbox"/>
Physical	Physical protest (e.g., tantrums, crying, throwing food)	<input type="checkbox"/>
Escape	Leaves the table, runs away, pulls away from the feeder	<input type="checkbox"/>
Withdrawal	Shut down response (e.g., unresponsive, not engaging)	<input type="checkbox"/>
3. Consequence (Parent)		
Verbal	Verbal punishment (e.g., “You’re naughty for not eating that”)	<input type="checkbox"/>
Physical	Restraining the child until they eat	<input type="checkbox"/>
	Force feeding	<input type="checkbox"/>
Escape	Allowing escape from the situation (e.g., letting the child leave the table without doing what was asked)	<input type="checkbox"/>
Withdrawal	Withdrawing from the interaction (e.g., giving up and ignoring the child)	<input type="checkbox"/>

Comments:

11. Assessment summary					
Complete after observation of feeding session. Note the two scales are inverted.					
Overall feeding skills	<input type="checkbox"/> Appropriate for age expectations			<input type="checkbox"/> Impaired	
Issue(s) (please tick all that apply)	<input type="checkbox"/> Nil				
	<input type="checkbox"/> Sensory	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Oral sensorimotor	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Other
Ranking on Functional Oral Intake Scale - Suckle and Transitional Feeder (FOIS-STF) ³	<input type="checkbox"/> 1 – No oral intake (NBM)				
	<input type="checkbox"/> 2 – Tube dependent with minimal attempts at food or liquids				
	<input type="checkbox"/> 3 – Tube dependent with consistent intake of food or liquids				
	<input type="checkbox"/> 4 – Total oral diet, but requiring special preparation (e.g., foods different texture to those of peers, thickened liquids, liquid supplements) +/- compensations (e.g., special feeding equipment, feeder uses special strategies)				
	<input type="checkbox"/> 5 – Total oral intake without special preparation (e.g., thin liquids, foods same as peers) but with compensations (e.g., special feeding equipment, feeder uses special strategies)				
	<input type="checkbox"/> 6 – Total oral intake with no restrictions relative to peers				
Eating and Drinking Ability Classification System (EDACS) level ¹¹	<input type="checkbox"/> I – Eats and drinks safely and efficiently				
	<input type="checkbox"/> II – Eats and drinks safely but with some limitations to efficiency				
	<input type="checkbox"/> III – Eats and drinks with some limitations with safety; may be limitations to efficiency				
	<input type="checkbox"/> IV – Eats and drinks with significant limitations to safety				
	<input type="checkbox"/> V – Unable to eat or drink safely – tube feeding may be considered to provide nutrition				

12. Recommendations				
Complete after observation of feeding session				
Recommended fluid thickness	<input type="checkbox"/> Thin	<input type="checkbox"/> Slightly thick	<input type="checkbox"/> Mildly thick	
	<input type="checkbox"/> Moderately thick	<input type="checkbox"/> Extremely thick	<input type="checkbox"/> No fluids orally	
Age appropriate diet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please specify below by selecting most appropriate diet description)		
	<input type="checkbox"/> No food orally	<input type="checkbox"/> Puree diet	<input type="checkbox"/> Minced and moist diet	<input type="checkbox"/> Soft diet
Modification to cup drinking equipment required?	<input type="checkbox"/> Yes (please specify below)		<input type="checkbox"/> No	
	<input type="checkbox"/> Open cup	<input type="checkbox"/> Cut out cup	<input type="checkbox"/> Straw	<input type="checkbox"/> Pop-top
	<input type="checkbox"/> Spoon	<input type="checkbox"/> Syringe	<input type="checkbox"/> Sipper cup	<input type="checkbox"/> Other
Modification or introduction of other feeding equipment required?	<input type="checkbox"/> Yes (please specify below)		<input type="checkbox"/> No	
	<input type="checkbox"/> Infant spoon	<input type="checkbox"/> Maroon spoon	<input type="checkbox"/> Oral sensorimotor tools	<input type="checkbox"/> Other
Introduction of feeding strategies required?	<input type="checkbox"/> Yes (please specify below)		<input type="checkbox"/> No	
	<input type="checkbox"/> Change sensory properties	<input type="checkbox"/> Dry/empty spoon	<input type="checkbox"/> Pacing	
	<input type="checkbox"/> Desensitization		<input type="checkbox"/> Volume/time limit	
	<input type="checkbox"/> Behavioral feeding strategies		<input type="checkbox"/> Oral sensorimotor strategies (e.g., lateral placement, dissolvables)	

13. Session outcome		
<input type="checkbox"/> Discharge	<input type="checkbox"/> Follow-up appointment	<input type="checkbox"/> Therapy
Recommended follow up timeframe (if applicable)	<input type="checkbox"/> Urgent	<input type="checkbox"/> Non-urgent

References:

1. American Speech-Language-Hearing Association. (2018). *Pediatric dysphagia*. Retrieved July 27, 2018, from <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Assessment>
2. Arvedson, J. C., Brodsky, L., & Lefton-Greif, M. L. (2020). *Pediatric swallowing and feeding: Assessment and management* (3rd ed.). Plural.
3. Dodrill, P. (2016). Evaluating feeding and swallowing in infants and children. In M. E. Groher & M. A. Crary (Eds.), *Dysphagia: Clinical management in adults and children* (pp. 305–323). Elsevier.
4. Morris, S. E., & Klein, M. D. (2000). *Pre-feeding skills: A comprehensive resource for mealtime development*. TSB/Harcourt.
5. Redstone, R., & West, J. F. (2004). The importance of postural control for feeding. *Pediatric Nursing*, 30(2), 97–100.
6. Hall, K. D. (2001). *Pediatric dysphagia resource guide*. Singular/Thomson Learning.
7. Thomas-Stonell, N., & Greenberg, J. (1988). Three treatment approaches and clinical factors in the reduction of drooling. *Dysphagia*, 3, 73–78.
8. Brodsky, L. (1989). Modern assessment of tonsils and adenoids. *Pediatric Clinics of North America*, 36(6), 1551–1569.
9. Reilly, S., Skuse, D., & Wolke, D. (2000) Schedule for Oral Motor Assessment: Administration Manual. Whurr.
10. Marshall, J. (2014). *Interventions for childhood feeding difficulties: Children with autism spectrum disorder and non-medically complex children* [Doctoral dissertation, The University of Queensland, Brisbane, Australia]. <https://espace.library.uq.edu.au/>
<https://doi.org/10.14264/uql.2015.205>
11. Sellers, D., Mandy, A., Pennington, L., Hankins, M., & Morris, C. (2014). Development and reliability of a system to classify the eating and drinking ability of people with cerebral palsy. *Developmental Medicine and Child Neurology*, 56, 245–251.