**Service name/area: nutrition**

Professional competency:

 Maintain credentials of Registered Dietitian Nutritionist with national and state registration requirements (Commission on Dietetic Registration).

**Describe the array of services involved**: (options of frequency, intensity, etc)

* *Nutrition services are provided on a consult basis, a one-time visit, to address a specific need of the child or family or they are provided as monthly services to improve overall nutrition status progressively.*
* Nutrition Intervention through nutrition consults or 30 minute monthly home visits usually 1 time per month
	+ Weigh, chart and monitor child growth over time.
	+ Determine child nutrition needs and current food/nutrition intake.
	+ Suggest adjustments to diet to increase or reduce calorie intake to promote healthy child growth.
	+ Suggest adjustments to diet to increase amount and types of foods accepted by child to promote variety in diet
	+ Suggest adjustments to diet to reduce child tendency to drink and encourage higher intake of solid foods.
* Parent Coaching through nutrition consults, home visits, and/or group classes
	+ Suggest changes to child eating pattern to promote child willingness to eat when offered food at meals.
	+ Help parents understand the Division of Responsibility described by Ellyn Satter to improve child willingness to try new foods.
	+ Help parents understand the types and amounts of foods that will promote health in their child.
	+ Help parents understand the benefits of family meals and eating with their child.
* Educational classes; Picky Eater’s Club (group classes with parents and children)
	+ Teach parents the basics of child eating psychology and food parenting techniques that reduce picky eating in children through group discussions.
	+ Teach parents how to provide neutral exposures to food through food exploration in a meal setting.
	+ Expand child food exposures through food exploration activity.

**What type of child is this service appropriate for?**

* Children with a diagnosis of Failure to Thrive or a history of slow growth trajectory.
* Children that depend on a feeding tube for some or all of their nutrition.
* Children with a diagnosed developmental disability or other genetic condition.
* Children with sensory problems or food aversion.
* Children with a reduced appetite response.
* Children with a strong desire to drink and a low desire to eat solid foods.
* Children that are considered very picky with eating; i.e. will accept 10 foods or less.

**Describe/list the Main objectives this service addresses**:

The objective of nutrition services is to ensure that all children participating in the program are receiving adequate nutrition to grow and develop according to individual needs.

**What, if any, developmental outcomes could occur incidentally**?

* Increased ability to intake adequate calories and nutrients could improve gross motor abilities.
* Increased ability to self-feed through improved fine motor control.
* Improved cognitive development when calorie/nutrient intake is adequate to fuel developmental processes.
* Improved communication as child learns to express to parents/caregivers food preferences and need to eat.
* Improved mood and behavior when nutrient and energy levels are adequate to support daily activities.

**Program Evaluation of results?**

* Ability to maintain a healthy growth curve.
* Increase in the amount and variety of foods child accepts consistently.
* Reduction of desire to drink and increased desire to eat solid foods.
* Reduction of tantrums or fits concerning mealtimes and foods offered for meals.
* Increased ability to follow an eating schedule.
* Increased desire to eat an adequate amount of food at mealtimes.

**What is the Parent role?**

* Parents will learn and follow the Division of Responsibility specifically where it is acceptable to eat food, what food is offered for meals, and when it is acceptable to eat food.
* Parents will provide food appropriate to their child’s current developmental abilities.
* Parents will offer an adequate amount of food, following an eating schedule during the day.
* Parents will provide neutral exposures to food.
* Parents will follow strategies given to increase calorie content in food when advised.

**What type of staff/team involved?**

Registered Dietitian Nutritionist

Occupational Therapists

Speech Language Pathologists

Behavior Specialists

**Components/Process:** (referral? Screener? Assessment? How decide needs/outcomes/service pattern needed?

* At referral:
	+ Parents are sent an email containing a link to a feeding screening survey housed in Qualtrics.
	+ If no response parents are texted the survey information.
	+ If no response both parents, if information is available, are texted the survey information.
	+ Returned screeners are scored and nutrition risk is noted.
	+ Internal referrals are also received concerning nutrition risk determined by other practitioners.
* Assessment:
	+ If child is deemed to be at nutrition risk through the feeding screener the Service Coordinator for the child is contacted to gather additional information about the child and family needs and potential interest in nutrition services.
	+ If need is determined, then family is contacted to set up an additional assessment.
	+ If an internal referral has been made the family is contacted to set up an assessment appointment.
	+ A nutritional needs assessment is conducted to determine; current growth trajectory and growth history, acceptance of foods, mealtime concerns, feeding abilities, strengths and needs, etc.
* Decision:
	+ Information from parent, previous assessments, and SC input are considered when determining service needs.
	+ Parent is informed of needs based on input, assessment results, and provider expertise. Parents are also informed of provider’s opinion of the service pattern that would be best to address child needs.
	+ Parent decides if they would like to add nutrition services to the child’s IFSP or have a consult with follow up contact by RDN.

**IFSP or Amendment:**

* Nutrition outcomes and related services are added as part of an initial/annual or periodic IFSP review or amendment when the service coordinator is involved. When this process is used the service coordinator is responsible for coordinating and facilitating the IFSP meeting including scheduling the meeting and sending our prior notice. The SC will also complete the BTOTS IFSP wizard to enter all IFSP components and write the associated visit note, including initial 1st visit dates of all service providers.
	+ The RDN should attend the meeting but if unavailable may send proposed routine-based outcomes, suggested service frequency, intensity, & settings, and initial 1st visit date.
* Nutrition outcomes and related services are added as part of an amendment. When this process is used and the service coordinator is not involved, the RDN is responsible for coordinating and facilitating the meeting to amend the current IFSP including scheduling the meeting and sending our prior notice. The RDN will also complete the BTOTS IFSP wizard to enter all IFSP components and write the associated visit note, including initial 1st visit dates of all service providers.