BLaST IU #17 SWALLOWING AND FEEDING SCREENING FORM

Date form completed: _____

Student: _____ School: _____

Date of Birth: _____ Age: _____

Classroom Teacher: _____ Phone #: _____ Best time to call: _____

Forms completed by/Title: _____

Please check all that apply.

MEDICAL INFORMATION

- o Repeated respiratory infection/history of recurring pneumonia
- o Weight loss/failure to thrive
- o Reported medical history of swallowing problems
- o Frequent constipation, diarrhea, or other GI tract problems
- o History of head injury
- o Cleft plate
- o Vocal cord paralysis
- o Trach? ____ Capped ____ Not Capped ___ Speaking Valve
- o Receives nutrition through tube feeding
- o GERD

- o Current diet
- o Liquid thickness
- o Allergies
- o Medications _____ _____ _____

OBSERVED BEHAVIORS

- o Requires Special diet or diet modification(i.e. baby foods, thickener, soft food only)
- o Poor upper body control
- o Unusual head/neck posturing during eating
- o Nasal regurgitation/runny nose during or after meals
- o Coughing/choking during meals
- o Effortful swallowing
- o Spitting up or vomiting associated with eating and drinking
- o Eyes watering/tearing during/after mealtime
- o Absent gag reflex
- o Wet breath sounds and /or gurgly voice quality following meals or drinking
- o Food and/or drink escaping from the mouth or trach tube

- o Meal time takes more than 30 minutes
- o Refusal to eat
- o Limited food choices
- o Maintains open mouth posture
- o Food remains in mouth after meals (pocketing)
- o Drooling
- o Swallowing solid food without chewing
- o Slurred speech

Name of SLP currently working with child _____

Name of OT currently working with child _____

- o Strategies Implemented _____ _____
- o Post screening suggestions _____ _____
- o

Please return to Rebecca Swinehart at BLaST IU#17, PO Box 3609, 2400 Reach Road, Williamsport, PA 17701, Fax: 570-323-1738 or Email: rswinehart@iu17.org, Telephone: 570-323-8561

o	Initial Consultation
o	Rescreen

IU Use Only
Date Rec. by IU _____

School District of Residence _____

http://www.iu17.org