



# Nutritionist Report WCMCA Head Start



**FES Name and Center:** \_\_\_\_\_

**Head Start Child's Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Type of Contact:**

- Parent
- Staff
- Community Partner
- Professional
- Other: \_\_\_\_\_

**Topic:**

- Special Diet
- Food Allergy
- Likes/Dislikes
- Religious Preference
- Weight
- Adaptive Feeding
- Dietary Changes/Appetite
- Child Eating Non-Food Items
- Hemoglobin
- Medical Complications
- Consultation to/with Head Start Program
- Other: \_\_\_\_\_

**Concerns, Questions, Discussion, Comments:**

**Plan/ Follow-Up:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_