SITE MEAL OBSERVATION DOCUMENTATION

**HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OBSERVER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF OBSERVATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF OBSERVATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | **INDIVIDUAL #1** | **INDIVIDUAL #2** | **INDIVIDUAL #3** | **INDIVIDUAL #4** | **INDIVIDUAL #5** | **INDIVIDUAL #6** |
| **Name of Person** |  |  |  |  |  |  |
| **Food Consistency** |  |  |  |  |  |  |
| **Liquid Consistency** |  |  |  |  |  |  |
| **Habilitative Equipment** |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Observations |  |  |  |  |  |  |
| Correct food consistency was served | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No |
| Food consistency grid and individualized food consistency forms available | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No |
| Habilitative equipment was used | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No |
| Proper use of habilitative equipment (i.e. portions of food served, positioning of equipment, etc.) | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No |
| Positioning:(Individuals in wheelchairs, ambulatory individuals, staff to individuals) | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No |
| Feeding programs/ procedures were carried out | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No |
| Dietary Orders Followed | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No |
| **Comments/staff concerns/recommendations** |

**Signature of Observer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_