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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_