## 3 - Dav Food Record

## Dear Mom and Dad:

Record below all food, beverages, and milk you child consumed during a 3 day period. Please include estimated amounts-i.e. 1/2-16 ounce bottle or cup ( 8 ounces), 1 slice American Cheese, 1/2 Chicken leg. Also, include all small snacks or sweets that may be eaten between meals. Use this as an opportunity to be patient, observant, and helpful to your child. Remember, just observe and record and see what you can learn.

| TIME | $\begin{aligned} & \text { FOOD } \\ & \text { EATEN } \end{aligned}$ | AMT. | PLACE | TIME | $\begin{aligned} & \text { FOOD } \\ & \text { EATEN } \end{aligned}$ | AMT. | PLACE | TIME | $\begin{aligned} & \text { FOOD } \\ & \text { EATEN } \end{aligned}$ | AMT. | PLACE |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

