Name:

Infant Individual Care Plan

I Can…

- ⌑ Roll from front to back
- ⌑ Roll from back to front
- ⌑ Sit With Assistance
- ⌑ Sit Unassisted
- ⌑ Crawl
- ⌑ Pull Up Holding Furniture
- ⌑ Cruise
- ⌑ Walk Unassisted

I Can Drink…

- ⌑ Formula
- ⌑ Brand of Formula ___________________
- ⌑ Juice
- ⌑ Milk
- ⌑ Water
- ⌑ __________________________________
- ⌑ __________________________________
- ⌑ __________________________________

I Can Eat…

- ⌑ Infant Cereal
- ⌑ Pureed Fruits
- ⌑ Pureed Vegetables
- ⌑ Prepared Infant Meats
- ⌑ Prepared Infant Meals
- ⌑ Finger Foods
- ⌑ Table Food
- ⌑ _________________________________
- ⌑ _________________________________
- ⌑ _________________________________
- ⌑ _________________________________
- ⌑ _________________________________
- ⌑ _________________________________
- ⌑ _________________________________

I Sleep On My…

- ⌑ Back
- ⌑ Side
- ⌑ Stomach
- ⌑ __________________________________

I Drink From A…

- ⌑ Bowl
- ⌑ Cup
- ⌑ Bottle
- ⌑ __________________________________

Typical Sleep Times…

From	Until

Typical Drink Times

Time	Amount	Fluid

Typical Meal Time

Time	Amount	Fluid

Pacifier…

- ⌑ Yes
- ⌑ No
- ⌑ ______________

Bottle…

- ⌑ Warmed
- ⌑ Room Temp
- ⌑ ______________

Helpful Information: