



SAMPLE Feeding Evaluation Summary, Case History & Treatment Plan

Client Name: Jane Smith (Sample / Fictional)

Date of Birth: 2017 (Age 8)

Evaluation Date: Sample

Evaluator: Foodology Feeding Therapy

IMPORTANT: This is a *public-facing sample* created to demonstrate the structure, depth, and clinical reasoning of a Foodology Feeding evaluation.

• All names, dates, and identifying details are fictional. • Content is intentionally redacted, summarized, or paraphrased to protect proprietary frameworks, tables, and clinical language. • This document mirrors the *organization and flow* of a full report.

1. Presenting Concern (Sample)

Jane was referred for a comprehensive feeding evaluation due to concerns related to: - Highly selective eating patterns - Frequent hunger and grazing behaviors - Difficulty recognizing fullness - Increased mealtime dysregulation

(Full reports include a detailed parent narrative, timelines, and clinical interpretation.)

2. Case History Overview (Redacted Sample)

Pregnancy & Birth

- Full-term birth
- No major prenatal or delivery complications reported

Early Feeding History

- Early feeding challenges noted
- Breastfeeding and/or bottle-feeding history reviewed
- Introduction to solids and early texture exposure discussed

In full reports, this section includes detailed medical nuance, timelines, and clinical implications.

3. Current Feeding Patterns

Mealtime Structure

- Meals and snacks offered throughout the day
- Grazing behaviors observed
- Meals described as functional rather than relational

Current Food Repertoire (High-Level Example)

- Proteins: limited, preferred formats only

- Starches: breads, crackers, snack-based foods
- Fruits: select raw fruits
- Vegetables: limited acceptance

Full reports include comprehensive food inventories, patterns over time, and clinical flags.

4. Feeding Evaluation Observations

During the evaluation, the following patterns were observed: - Increased physical effort during eating - Reduced efficiency and endurance - Signs of fatigue impacting meal length

Clinical takeaway: Eating requires more effort than expected, contributing to shortened meals and inconsistent intake.

5. Oral-Motor Profile

Domains Assessed in Full Report: - Airway & posture - Oral structure - Tongue coordination - Jaw strength & endurance - Lips & cheeks - Swallowing efficiency

Full reports include detailed charts outlining concern level, functional impact, and targeted plan of action for each domain.

6. Sensory Processing Profile

Jane demonstrates a mixed sensory profile impacting feeding through: - Visual and auditory sensitivity - Proprioceptive and vestibular needs - Variable interoceptive awareness

Key implication: Sensory load and internal signal reliability influence mealtime participation and regulation.

Full reports include domain-by-domain sensory chart with feeding impact and therapeutic strategies.

7. Gut–Brain Health Integration (Sample)

Gut health data was reviewed to understand biological contributors to feeding challenges.

High-Level Findings (Sample)

- No infections or pathogens
- Mild gut barrier compromise
- Suboptimal gut–brain calming signal production
- Inefficient protein digestion

Clinical relevance: When the gut does not send strong calming and satiety signals, the body may rely on frequent eating for regulation rather than nourishment.

Full reports include lab interpretation, correlations to behavior, and phased intervention planning.

8. Mealtime Mindset Framework™

Domains assessed include: - Safety & nervous system readiness - Flexibility and adaptation - Motivation and engagement - Emotional regulation - Attention and autonomy

Key takeaway: Feeding behaviors reflect regulation needs rather than defiance or refusal.

The full proprietary mindset framework, scoring, and interpretation are not included in this sample.

9. Diagnosis

Jane's presentation is consistent with **Pediatric Feeding Disorder (PFD)**, characterized by multi-domain contributors including feeding skill efficiency, sensory regulation, gut–brain signaling, and psychosocial factors.

Differential diagnosis and justification are expanded in full reports.

10. Phased Treatment Plan

Phase 1: Regulation & Internal Readiness

Focus on: - Nervous system regulation - Gut comfort and digestion support - Postural and oral-motor efficiency - Predictable mealtime structure

Phase 2: Skill-Building & Expansion

Initiated once regulation stabilizes: - Food chaining - Sensory-based exploration - Increased mealtime engagement

Full reports include detailed phase markers, indicators of progress, and contingency planning.

11. Therapy Focus vs. Parent Role

Therapist Focus: - Reduce effort and fatigue - Support regulation and efficiency - Guide food exploration

Parent Focus: - Maintain structure - Reduce pressure - Support predictable fueling

12. Prognosis

With integrated, regulation-first support, prognosis for improved feeding comfort, endurance, and flexibility is strong.

Final Note for Prospective Families

This sample is designed to show **how we think**, not just what we recommend.

Every real evaluation includes: - Extensive case history - Detailed domain charts - Individualized clinical reasoning - Integrated gut, sensory, oral-motor, and mindset analysis

No two reports are the same — because no two children are the same.

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