



# Nutrition Screening Results

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parents:

The nutritionist has reviewed your child's height and weight, the information you gave about your child's eating habits and the results of the blood analysis to determine if your child is anemic. Results are as follows:

**Height/Weight:**

\_\_\_\_ Your child's weight is within normal limits for his/her height and age.

\_\_\_\_ Your child's weight is too high for his/her height and age.

\_\_\_\_ Your child's weight is low for his/her height and age.

\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

**Food Intake:**

Your child's diet shows too much of the following foods:

\_\_\_\_ Fats (fried foods, chips, lard, butter, mayonnaise, etc.)

\_\_\_\_ High Sugar Food (soda, cakes, Kool-aid, etc.)

**Your child's diet shows not enough of the following foods & nutrients:**

\_\_\_\_ Grains and Cereal (whole-grain bread, tortilla, rice, low-sugar cereals)

\_\_\_\_ Milk products (cheese, yogurt, milk)

\_\_\_\_ Meat and Protein (tuna, fish, beans, chicken, beef, peanut butter)

\_\_\_\_ Vitamin A (spinach, carrots, yams and apricots)

\_\_\_\_ Vitamin C (oranges, broccoli, tomatoes)

\_\_\_\_ Other Fruits and Vegetables (apples, peaches, potato, squash, corn)

\_\_\_\_ Iron Rich Foods (iron fortified cereals, beans)

**Blood Analysis Results:**

Your child's blood iron level is:

\_\_\_\_ Within normal limits

\_\_\_\_ Somewhat low  
(needs additional iron foods)

\_\_\_\_ Very low  
(needs treatment or additional tests)

**RECOMMENDATIONS:**

\_\_\_\_ Decrease high sugar foods (serve only occasionally) \_\_\_\_\_

\_\_\_\_ Decrease high fat foods (chips, fried foods, lard, mayonnaise, other) \_\_\_\_\_

\_\_\_\_ Increase fruits - especially: \_\_\_\_\_

\_\_\_\_ Increase vegetables - especially: \_\_\_\_\_

\_\_\_\_ Increase meat and protein - especially: \_\_\_\_\_

\_\_\_\_ Increase grains, bread, cereal - especially: \_\_\_\_\_

\_\_\_\_ Increase high iron foods in diet. Such as: \_\_\_\_\_

\_\_\_\_ Increase milk products. Such as: \_\_\_\_\_

\_\_\_\_ Needs to take multi-vitamins with iron: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

(See Recommended Daily Food Guide)

Complete and send to parents within  
3 days after Nutritionist does assessment.

\_\_\_\_\_  
**Signature of Nutritionist or Head Start Staff**      Date