HEAD START/EHS NUTRITION ASSESSMENT RECORD

Child's Name: _____ Classroom: _____

Birthdate: _____ Date Enrolled in HS/EHS: _____

Date				
Height/Age				
%ile				
Weight/Age				
%ile				
Height/Weight %ile				
Head Circumference				
Hgb/Hct				
Diet: A = Adequate I = Inadequate				
Nut. Assess Result				

☐ WIC Participant ☐ Not WIC Participant ☐ Referred to RD

Due for 2nd N.E. _____ Due for Follow-Up: _____

Due for Recert: _____

Goal: _____

_____

_____

Comments: _____

_____

WIC Staff- _____ Date: _____

☐ WIC Participant ☐ Not WIC Participant ☐ Referred to RD

Due for 2nd N.E. _____ Due for Follow-Up: _____

Due for Recert: _____

Goal: _____

_____

_____

Comments: _____

_____

WIC Staff- _____ Date: _____

Nut. Assess Result: WIC Participant: P = Nut. Assess. Complete F = RD Referral

HS/EHS Only: Q = Nut. Assess.Complete R = RD Referral