

## Head Start/EHS Nutrition Assessment Record

Child's Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Assessment Date		
Length or Height/Age	inches      %ile	inches      %ile
Weight/Age	lbs      oz      %ile	lbs      oz      %ile
Wt/Length or BMI	%ile	%ile
Hgb/Hct (Most recent)	Date/Measurement /	Date/Measurement /

<input type="checkbox"/> <b>WIC Participant</b> Due for Recert: _____	<input type="checkbox"/> <b><u>Not</u> WIC Participant</b> Due for Follow-Up _____	<input type="checkbox"/> <b>Referred to RD</b>
Goal: _____ _____ _____		
Comments: _____ _____ _____		
WIC Staff: _____ Date: _____		

  

<input type="checkbox"/> <b>WIC Participant</b> Due for Recert: _____	<input type="checkbox"/> <b><u>Not</u> WIC Participant</b> Due for Follow-Up _____	<input type="checkbox"/> <b>Referred to RD</b>
Goal: _____ _____ _____		
Comments: _____ _____ _____		
WIC Staff: _____ Date: _____		

**For Data Entry Person Only:** Nutrition Assess: P = Nutrition Assessment Complete  
 N=Not on WIC  
 Growth Assessment F = BMI  $\leq$  10th or  $\geq$  95<sup>th</sup>  
 Hgb: F = 9-23 months < 11.0 and 2-5 yrs < 11.1

Health Resource Specialists: Must view graph for BMI to get %ile