# Sensory patterns within food groups

Please list as many foods as possible that your child prefers within each of the food groups listed below.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **What my child will eat or drink…** | **Dairy: milk/ cheese/yoghurt** | **Meat/ protein foods** | **Fruit** | **Vegetables** | **Breads/cereals** | **Other foods** | **Drinks** |
| **Always** |  |  |  |  |  |  |  |
| **Sometimes** |  |  |  |  |  |  |  |
| **Never** |  |  |  |  |  |  |  |

Consider your child’s sensory patterns. Highlight the words that best describe their preferences and/or add your own words:

|  |  |
| --- | --- |
| TASTE: bland, salty, savoury, sweet, sour, spicy \_\_\_\_\_\_\_\_\_\_\_\_  | TOUCH: dislikes, tolerates or enjoys food on hands/face/lips\_\_\_\_\_\_\_\_\_\_\_ |
| TEXTURE: smooth, consistent, moist, bite/dissolve, crunchy \_\_\_\_\_\_\_\_\_\_\_\_  | TEMPERATURE: frozen, icy, cold, room temp., warm, hot \_\_\_\_\_\_\_\_\_\_\_\_ |
| SIGHT: shape, small amount, separate (on a plate or different plate) \_\_\_\_\_\_\_\_\_\_\_  | COLOUR: white, brown, bright, colourful \_\_\_\_\_\_\_\_\_\_\_\_ |
| SMELL: odourless, mild, strong, sweet, savoury, citrus, herbs, meaty, fishy \_\_\_\_\_\_\_\_\_\_\_\_ |

Foods I would like my child to eat: (these could include foods the rest of the family eat, but are not limited to these) ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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