Health care providers may use this form to recommend goals related to healthy eating and active living for children. Providers should list suggested goals for school, out-of-school, and/or home settings and give it to the child’s parents or caregiver.

Copies of completed forms can also be saved in the patient’s chart for future reference.

Patient’s Name: ________________________________________________

Date of Birth: ________________________________________________

Diagnosis: ______________________________________________________

How the diagnosis impacts the child’s health, development, or education:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Suggested Goal/Service/Accommodation at School:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Suggested Goal/Service/Accommodation Outside of School and at Home:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Recommendation for Additional Assessment:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Provider Signature: ____________________________________________

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