

Head Start/EHS Nutrition Assessment Record

Child's Name: Pedro Estevan Classroom: _____
 Birthdate: _____

Assessment Date	8/29/09			
Length or Height/Age	inches	%ile	inches	%ile
	42	75		
Weight/Age	lbs	oz	%ile	lbs oz %ile
	68	799		
Wt/Length or BMI		%ile		%ile
	27	799		
Hgb/Hct (Most recent)	Date/Measurement		Date/Measurement	
	8/29/09 / 11.7		/	

WIC Participant
 Not WIC Participant
 Referred to RD
 Due for Recert: Feb 2010
 Due for Follow-Up: _____

Goal: Increase Fruits + Veggies
Increase Physical Activity

Comments: _____

WIC Staff: Jane Smith Date: 8/29/09

WIC Participant
 Not WIC Participant
 Referred to RD
 Due for Recert: _____
 Due for Follow-Up: _____

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 95th
 Hgb: F = 9-23 months < 11.0 and 2-5 yrs < 11.1

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