

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