**Consider Nutrition as Ongoing Provider when:**

- Child with ongoing tube feeding.
- Child is diagnosed with Failure to Thrive, under-weight, or unexplained weight loss or gain.
- Family needs in-home support to implement recommendations from feeding clinic or growth clinic about Failure to Thrive, swallowing, chewing or behavioral concerns.
- Child is receiving Pediasure® or other high calorie supplement.
- Child with reflux.
- Child continues to use a bottle as the primary source of nutrition past 12 months of age or team may choose to request a nutrition consult (see note below in Transdisciplinary Consult)
- Child is a picky eater: does not eat a variety of foods, e.g., restricted by labels, brands, etc.
- Child eats a variety of textures but not various types of food (e.g., same color, same taste).

++When these concerns are not related to medical diagnoses or conditions, Nutrition works in collaboration with IFSP team members such as SI (Special Instructor) Behavior, Social Worker, Psychologist or personnel with knowledge, training or certification in Early Childhood Mental Health (ECMH) to address nutrition as well as social-emotional, cultural and/or behavioral concerns.

**Consider Nutrition as a Transdisciplinary Consult** to collaborate with IFSP team members such as SI (Special Instructor) Behavior, Social Worker, Psychologist or personnel with knowledge, training or certification in Early Childhood Mental Health (ECMH) to address nutrition as well as social-emotional, cultural and/or behavioral concerns when:

- Child has a diagnosis such as Cystic Fibrosis, Cerebral Palsy, Autism Spectrum Disorder. This is not an exhaustive list of diagnoses. Nutritionist can also be an Ongoing Provider depending on family concerns and priorities.
- Family is concerned about constipation or diarrhea.
- Family seeks information about age appropriate food.
- Family has concerns about child’s nutrition or eating (e.g., bottle is primary source of nutrition past 12 months of age).
- Family has a desire for positive mealtimes.
- To address parent and child struggles over eating.
- To address the compatibility of the child’s need for nutrition and the family’s cultural preferences.
- Team members need to check in with a Nutritionist about a presenting concern or strategies they are using (also see Other Disciplines below).

**Feeding and Nutrition Issues that can be addressed by other disciplines:**

**A Speech and Language Pathologist (SLP)** can be a Primary Service Provider (PSP) or a Consultant when:

- Chewing and/or swallowing are a priority or primary concern for the family.
- Texture sensitivity is a primary concern (can also be addressed by an OT).
- Child eats only 1 texture of food (can also be address by an OT).

**An Occupational Therapist (OT)** can be a Primary Service Provider (PSP) or a Consultant when:

- Food play and exposing child to various foods is needed due to sensory related concerns.
- Self-feeding skills are desired.
- Texture sensitivity is the main concern (can also be addressed by an SLP).
- Child eats only 1 texture of food (can also be address by an SLP).

*These guidelines do not supersede the child’s determination by the multidisciplinary team (based on assessment and observation) and the individualized needs of the child. The intent of these guidelines is to provide information and guidance to the Individualized Family Service Plan (IFSP) team members.

**The team must determine when medically related nutrition issues should be addressed by the child’s medical/health team via a hospital based nutrition program and how EI will support the family’s implementation of the nutritional recommendations made by the hospital based program.

***In Early Intervention (EI), qualified Nutritionists are titled and billed as SI (Special Instructor) Nutrition or as Nursing Nutrition, if they meet the qualifications of a Nurse, as per PELICAN EI: Release 6.16 Training Webinar Session effective June 7, 2012.*