



## ERC Child & Adolescent Dietary Recommendations Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Your ERC – Virtual Treatment Team:

Primary Therapist: \_\_\_\_\_

Dietitian: \_\_\_\_\_

These recommendations are provided by your treatment team at ERC – VIOP and are meant to provide you, your child's caregiver, with guidelines for your child's needs while in our VIOP program. You may want to provide copies of these documents to various outpatient providers and school personnel to support you during your child's treatment with us.

### Meal Plan Recommendations at Home – Outside of Programming

#### ○ Selection of food/meals

- ☐ Non-Select – Parent(s) choose all meals and snacks
- ☐ Child selects snacks with parent involvement
- ☐ Child can select the following meals with parental involvement:
  - ☐ Breakfast
  - ☐ Lunch
  - ☐ Dinner
- ☐ Fully-Select – Child selects all meals and snacks



○ **Plating/Portioning of food/meals**

- ☐ Parent(s) plate and portion
- ☐ Plate and portion with re-direction from parent(s)
- ☐ Plate and portion with no parent involvement

○ **Grocery Shopping**

- ☐ Parent(s) completes all grocery shopping
- ☐ Child present for some grocery shopping with parent(s)
- ☐ Child able to grocery shop alone or with parent(s)

○ **Preparation / Cooking**

- ☐ No preparation or cooking – child remains out of kitchen at these times
- ☐ Some preparation and cooking with parent(s) observation and direction
- ☐ Child can prepare/cook the following meals and snacks:
  - ☐ Breakfast
  - ☐ Morning Snack
  - ☐ Lunch
  - ☐ Afternoon Snack
  - ☐ Dinner
  - ☐ Evening Snack
- ☐ Child prepares and cooks all meals and snacks



## Eating Recovery Center

### ○ Time Limitation for Meals/Snacks

- ☐ Time limits for all meals and snacks
- ☐ Time limits for snacks only (15 minutes)
- ☐ Time limits for meals only (30 minutes)
- ☐ No time limits necessary for meals or snacks

### ○ Direct Observation of Meals/Snacks and Logging on Recovery Record App

- ☐ Parent(s) directly observes all meals and snacks and logs all observed meals/snacks on Recovery Record app
- ☐ Parent(s) directly observes all snacks and logs all observed snacks on Recovery Record app
- ☐ Parent(s) directly observes the following meals:
  - ☐ Breakfast ( \_\_\_\_ times per week) and logs observed meals on Recovery Record app
  - ☐ Lunch ( \_\_\_\_ times per week) and logs observed meals on Recovery Record app
  - ☐ Dinner ( \_\_\_\_ times per week) and logs observed meals on Recovery Record app
- ☐ No direct observation needed by parent(s)
- ☐ Child may log own meals/snacks in Recovery Record app

**\*\*Directions for downloading and using the Recovery Record app will come from your ERC dietitian. It is the expectation that any meals or snacks occurring outside of and during VIOP are being logged in the Recovery Record app by you, the parent, so the team may best support your efforts at home. \_\_\_\_\_ (parent initials)**

### ○ Redirection by Family Members/Others during Meals and Snacks

- ☐ Parent(s) redirect as necessary during all observed meals and snacks
- ☐ Parent(s) will not redirect during observed meals and snacks
- ☐ 'Debriefing' conversations after a meal or snack when concerns arise around observed behaviors.



## Eating Recovery Center

○ Supplementing (Boost Plus, Breeze, etc)

☐ Supplement required for incomplete meals and snacks

☐ Other: \_\_\_\_\_

**\*Please note, in order to be recommended step-down to a lower level of care, completing 100% of meal plan without the use of supplement is expected.**

○ Physical Activity

☐ Physical activity is not recommended at this time

☐ Physical activity has begun to be incorporated as part of PHP programming:

\_\_\_\_\_ times/week for \_\_\_\_\_ min/day

Allowable activities include \_\_\_\_\_

Prohibited activities include \_\_\_\_\_

Supplementation for physical activity: \_\_\_\_\_

**\*As physical activity begins, meal plan will need to be adjusted accordingly.**

**Additional Comments:**

**I have read and reviewed the recommendations for my child's treatment at Eating Recovery Center.**

\_\_\_\_\_

Parent/Guardian Name (date)

\_\_\_\_\_

Parent/Guardian Name (date)

\_\_\_\_\_

Primary Therapist (date)

\_\_\_\_\_

Dietitian (date)