GPISD BECKER EARLY HEAD START
1908 2ND. ST. GALENA PARK, TX 77547 **P** (832) 386-2000 **F** (832) 386– 2020

Galena Park ISD Early Head Start
WIC Individualized Nutrition Plan

Child's Name: _____ DOB: _____

I. Please provide the following information:

Height _____in. Weight _____ lbs. Hgb or Hct: _____

Next Date Due: _____

II. Type of counseling received (circle all that apply):

Breast Feeding support/ education	Meal Planning
Anemia	Bottle- feeding
Dental Caries	Pregnancy
Overfeeding	Underfeeding
Introduction of solid foods	Grocery buying
Budgeting	Other: _____

III. **Please describe the child's nutritional plan/ recommendations: _____**

_____

_____

IV. Next appointment date: _____

_____ _____
Signature of person completing form/ title Date

_____
Address

_____
Phone number