



INFANT MENU PLANNING WORKSHEET

Month: _____

Provider's Name: _____

ID No: _____

				Date: _____						
	Child's Age	Birth - 3 mos.	4 - 7 mos.	8 - 11 mos.	Food Item	Portions Given	Food Item	Portions Given	Food Item	Portions Given
Breakfast	Iron Fort Inf Cereal (8-11 mos.)			2-4 tbsp						
	Fruit/Vegetable (8-11 mos.)			1-4 tbsp						
	Iron Fort Inf Cereal (4-7 mos.)		0-3 tbsp							
	Formula	4-6 fl. oz	4-8 fl. oz	6-8 fl. oz						
AM snack	Bread/Alternate (8-11 mos.)			0-2 servings						
	Juice (8-11 mos.)			2-4 fl. oz						
	Formula	4-6 fl. oz	4-6 fl. oz	2-4 fl. oz						
Lunch	Infant Cereal/Meat (8-11 mos.)			2-4 tbsp						
	Fruit/Vegetable (8-11 mos.)			2-4 tbsp						
	Cereal (4-7 mos.)		0-3 tbsp							
	Fruit/Vegetable (4-7 mos.)		0-3 tbsp							
	Formula	4-6 fl. oz	4-8 fl. oz	6-8 fl. oz						
PM Snack	Bread/Alternate (8-11 mos.)			0-2 servings						
	Juice (8-11 mos.)			2-4 fl. oz						
	Formula	4-6 fl. oz	4-6 fl. oz	2-4 fl. oz						
Dinner	Infant Cereal/Meat (8-11 mos.)			2-4 tbsp						
	Fruit/Vegetable (8-11 mos.)			2-4 tbsp						
	Cereal (4-7 mos.)		0-3 tbsp							
	Fruit/Vegetable (4-7 mos.)		0-3 tbsp							
	Formula	4-6 fl. oz	4-8 fl. oz	6-8 fl. oz						
EV Snack	Bread/Alternate (8-11 mos.)			0-2 servings						
	Juice (8-11 mos.)			2-4 fl. oz						
	Formula	4-6 fl. oz	4-6 fl. oz	2-4 fl. oz						

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