



No More Battles! Feeding Your Picky Eater

Check Up

Congratulations on completing this lesson!

Date **Clinic**

Name **Family Number**

Did you enjoy this topic? Yes No

Did you learn ways to help your child eat a variety of foods? Yes No

Tell us one thing you learned today.

Which *ONE* describes you?

- I plan to *continue* helping my child eat a variety of foods.
- I plan to *start* helping my child eat a variety of foods, *soon*.
- I am *thinking about* helping my child eat a variety of foods, *someday*.
- I *don't plan* to help my child eat a variety of foods.

What changes do you plan to make?

Would you like to talk to a WIC nutritionist? Yes No

This institution is an equal opportunity provider.