

NCAST Programs

Feeding Reliability Form

Third Attempt

Name _____
Please Print

City _____

Instructor _____ Date _____

Directions: Place an X in the box next to each number you rated the caregiver and child a "NO". Repeat for each Feeding Reliability Dyad (#1-5). When you are finished turn this form in to your instructor with your five original Feeding scales attached. **Please attach a check, credit card #, or PO# for \$15 to cover the cost of processing your third attempt.**

	#1	#2	#3	#4	#5
SENSITIVITY TO CUES	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
RESPONSE TO CHILD'S DISTRESS	17.				
	18.				
	19.				
	20.				
	21.				
	22.				
	23.				
	24.				
	25.				
	26.				
	27.				
SOCIAL-EMOTIONAL GROWTH FOSTERING	28.				
	29.				
	30.				
	31.				
	32.				
	33.				
	34.				
	35.				
	36.				
	37.				
	38.				

	#1	#2	#3	#4	#5
COGNITIVE GROWTH FOSTERING	39.				
	40.				
	41.				
	42.				
	43.				
	44.				
	45.				
	46.				
	47.				
	48.				
	49.				
	50.				
	51.				
	52.				
	53.				
	54.				
55.					
CLARITY OF CUES	56.				
	57.				
	58.				
	59.				
	60.				
	61.				
	62.				
	63.				
	64.				
	65.				
	RESPONSIVENESS TO CAREGIVER	66.			
67.					
68.					
69.					
70.					
71.					
72.					
73.					
74.					
75.					
76.					