

How Do I Know If My Adolescent Would Benefit From The FOCUS Program?



Your adolescent should be considered for the FOCUS Program if 3 or more of the following apply to their current eating and mealtime status.

1. Limited repertoire of foods are eaten on a regular basis

 2. Inadequate nutrition and/or intake for growth
 3. Gagging and/or choking on foods
 4. Limited ability to chew or swallow foods
 5. Difficulty being near less familiar foods (i.e. food being prepared, on table)
 6. Difficulty eating foods of varying flavors, textures, and smells
 7. Is highly specific about foods they will eat – for example, needing a food prepared a certain way or only accepting a certain brand of a food
 8. Difficulty using a straw, utensil, and/or cup
 9. Resistive or avoidant behaviors and/or tantrums related to eating
 10. Fatigues with eating (i.e. requires breaks, eats very small portions)
 11. The pace of eating is too fast or too slow
 12. Has sloppy eating habits
 13. Has a tendency to overstuff mouth with food when eating
 14. Unable to sit at the table with the family during mealtime
 15. Difficulty eating in different environments or with different people (i.e. restaurants, school)
 16. Your adolescent and/or other family members experience heightened levels of stress around mealtime
 17. Your adolescent exhibits challenges during mealtime that impact their enjoyment of mealtime
 18. Your adolescent exhibits challenges during mealtime that impact the enjoyment of mealtime for other family members