



TEST TRAY REQUEST FROM SPEECH THERAPY

Please provide the following items for the FEES test scheduled for

_____ Room# _____

on _____. Thank you.

- Napkins, extra cups, spoons and forks
- Half a soft salad sandwich (egg, tuna, chicken)
- Scrambled eggs or cottage cheese
- Mixed fruit
- Cold cereal with milk
- Puree fruit
- Thickener and juice or pre-thickened juice drinks (Nectar and Honey)
- Ice cream
- Milk
- Salad
- Banana
- Apple
- Cookies or crackers
- Other: _____