Your Name:		Location:		Day:	_1
Date:		_Candy type use	d for practice:		
	Circle	the face to i	ndicate how	easy or har	d it was!
<u>LEFT</u>					
Unable to swallow candy □	<u></u>	<u> </u>	<u> </u>	<u> </u>	
<u>CENTRE</u>					
Unable to swallow candy □	<u></u>			<u> </u>	<u> </u>
<u>UP</u>					
Unable to swallow candy □	<u></u>	<u> </u>	<u></u>		<u> </u>
DOWN					
Unable to swallow candy □	<u>::</u>	(;)		<u> </u>	<u> </u>
<u>RIGHT</u>					
Unable to swallow candy □				<u> </u>	<u> </u>
Overall Pref	ferred head po	osition today:			
			dition to, water wh		g. apple sauce,
yogurt, drie	d fruit)				

Your Name:		Location:		Day:	2
Date:		Candy type use	d for practice:		
	Circle	the face to	indicate how	easy or har	d it was!
RIGHT					
Unable to swallow candy □	<u></u>		<u></u>		
DOWN					
Unable to swallow candy □	<u>::</u>	<u> </u>	<u></u>		<u> </u>
<u>Left</u>					
Unable to swallow candy □			<u></u>		<u> </u>
<u>CENTRE</u>					
Unable to swallow candy □			<u></u>		<u> </u>
<u>UP</u>					
Unable to swallow candy □	<u></u>		<u></u>		
Overall Pre	ferred head p	osition today:			
			dition to, water wh		g. apple sauce,
yogurt, drie					

Your Name:		Location:		Day:	3	
Date:		_Candy type use	d for practice:			
	Circle	the face to i	indicate how	easy or har	d it was!	
LEFT						
Unable to swallow candy □		<u>;;</u>	<u></u>		<u> </u>	
DOWN						
Unable to swallow candy □	<u></u>	(;;	<u></u>	<u> </u>	<u> </u>	
<u>RIGHT</u>						
Unable to swallow candy □	<u></u>	(;;)	<u></u>	<u> </u>	<u> </u>	
<u>CENTRE</u>						
Unable to swallow candy □			<u></u>	<u> </u>	<u> </u>	
<u>UP</u>						
Unable to swallow candy □	<u></u>		<u></u>		<u> </u>	
Overall Pre	ferred head p	osition today:				
			dition to, water wh		g. apple sauce,	
yogurt, drie	, <u> </u>					

Your Name:		Location:		Day:	_4
Date:		Candy type use	d for practice:		
	Circle	the face to	indicate how	easy or hard	l it was!
RIGHT					
Unable to swallow candy □			<u></u>		<u> </u>
LEFT					
Unable to swallow candy □			<u></u>		<u> </u>
<u>CENTRE</u>					
Unable to swallow candy □			<u></u>		<u> </u>
<u>UP</u>			_	_	_
Unable to swallow candy □			<u></u>		<u> </u>
DOWN					
Unable to swallow candy □					<u> </u>
Overall Pre	ferred head p	osition today:			
				ile practicing? (e.g.	apple sauce.
yogurt, drie	ed fruit)				appo sauce,

Your Name:		Location:		Day:	_5
Date:		Candy type use	d for practice:		
	Circle	the face to	indicate how	easy or hard	l it was!
LEFT					
Unable to swallow candy □		<u> </u>	<u></u>		<u></u>
<u>RIGHT</u>					
Unable to swallow candy □			<u></u>		
<u>UP</u>					
Unable to swallow candy □			<u></u>		
DOWN					
Unable to swallow candy □			<u></u>		<u> </u>
<u>CENTRE</u>					
Unable to swallow candy □			<u> </u>	<u> </u>	<u> </u>
Overall Pre	ferred head p	osition today:			
				ile practicing? (e.g	. apple sauce.
yogurt, drie	ed fruit)				

Your Name:	:	Location:		Day:	6	
Date:		_Candy type use	d for practice:			
	Circle 1	the face to i	ndicate how	easy or har	d it was!	
CENTRE						
Unable to swallow candy □			<u></u>			
DOWN						
Unable to swallow candy □					—	
<u>UP</u>						
Unable to swallow candy □				<u> </u>	<u> </u>	
<u>RIGHT</u>						
Unable to swallow candy □					<u> </u>	
<u>LEFT</u>						
Unable to swallow candy □			<u></u>		<u> </u>	
Overall Pref	ferred head po	sition today:				
			dition to, water wh		g. apple sauce,	
yogurt, drie						

Your Name:		Location:		Day:	7	
Date:		_Candy type use	d for practice:			
	Circle	the face to i	indicate how	easy or har	d it was!	
RIGHT						
Unable to swallow candy □				<u> </u>	<u> </u>	
<u>UP</u>						
Unable to swallow candy □	<u>::</u>		<u></u>	<u> </u>		
DOWN						
Unable to swallow candy □			<u></u>	<u> </u>	<u> </u>	
<u>CENTRE</u>						
Unable to swallow candy	<u></u>		<u></u>			
Unable to swallow candy □	<u></u>		<u></u>			
Overall Pre	ferred head p	osition today:				
	something of	her than, or in ad	dition to, water wh	ile practicing? (e.	g. apple sauce,	

Your Name	:	Location:		Day:	8	
Date:		Candy type used	d for practice:			
	Circle t	he face to i	ndicate how	easy or har	d it was!	
CENTRE						
Unable to swallow candy □	<u></u>					
LEFT						
Unable to swallow candy □			<u> </u>	<u> </u>	<u> </u>	
<u>RIGHT</u>						
Unable to swallow candy □	<u></u>					
<u>UP</u>						
Unable to swallow candy □						
<u>DOWN</u>						
Unable to swallow candy □	<u></u>					
Overall Pre	ferred head pos	sition today:				
	something other	er than, or in add	dition to, water wh	ile practicing? (e.	g. apple sauce,	

Your Name:		Location:		Day:	9	
Date:		_Candy type use	d for practice:			
	Circle	the face to i	indicate how	easy or har	d it was!	
DOWN						
Unable to swallow candy □			<u></u>			
<u>UP</u>						
Unable to swallow candy □			<u></u>	<u> </u>	<u> </u>	
<u>RIGHT</u>						
Unable to swallow candy □				<u> </u>	<u> </u>	
<u>CENTRE</u>						
Unable to swallow candy □	<u></u>		<u></u>			
<u>LEFT</u>						
Unable to swallow candy □			<u></u>		<u></u>	
Overall Pre	ferred head po	osition today:				
			dition to, water wh		g. apple sauce,	
yogurt, drie	, <u> </u>					
				_		

Your Name:		Location:		Day:	10
Date:		Candy type use	d for practice:		
	Circle	the face to	indicate how	easy or har	d it was!
DOWN					
Unable to swallow candy □			<u></u>		
<u>LEFT</u>					
Unable to swallow candy □			<u></u>	<u> </u>	<u> </u>
<u>RIGHT</u>					
Unable to swallow candy □			<u></u>		
<u>UP</u>					
Unable to swallow candy □			<u></u>		
<u>CENTRE</u>					
Unable to swallow candy □			<u></u>	<u> </u>	<u> </u>
Overall Pre	ferred head p	osition today:			
			dition to, water wh		g. apple sauce,
yogurt, drie					

Your Name:		Location:		Day:	11
Date:		_Candy type use	d for practice:		
	Circle	the face to i	indicate how	easy or har	d it was!
<u>UP</u>					
Unable to swallow candy □	<u></u>	<u> </u>	<u></u>		
CENTRE					
Unable to swallow candy □			<u></u>	<u> </u>	<u> </u>
DOWN					
Unable to swallow candy □			<u></u>		
<u>LEFT</u>					
Unable to swallow candy □	(:) <u> </u>	(; <u>)</u>	<u></u>		<u> </u>
<u>RIGHT</u>					
Unable to swallow candy □			<u></u>		
Overall Pre	ferred head p	osition today:			
			dition to, water wh		g. apple sauce,
yogurt, drie					

Your Name	:	Lo	ocation:	Day:	12
Date:	Ca	ndy type used	for practice:		
	Circle the	face to in	dicate how	easy or har	d it was!
RIGHT					
Unable to swallow candy □				<u> </u>	
<u>DOWN</u>					
Unable to swallow candy □	<u></u>	<u>::</u>	<u></u>		
<u>CENTRE</u>					
Unable to swallow candy □		<u></u>	<u></u>	<u> </u>	<u> </u>
<u>UP</u>					
Unable to swallow candy □		<u></u>	<u></u>	<u> </u>	<u> </u>
<u>LEFT</u>					
Unable to swallow candy □				<u> </u>	
Overall Pre	ferred head position	on today:			
	something other t				g. apple sauce,
yogurt, drie	,				
	(Optional):				

Your Name	:	I	Location:	Day:	_13			
Date:Candy type used for practice:								
	Circle the face to indicate how easy or hard it was!							
CENTRE								
Unable to swallow candy □		<u> </u>	<u></u>		<u> </u>			
<u>UP</u>								
Unable to swallow candy □		<u> </u>	<u></u> <u>:</u>	<u> </u>	<u> </u>			
<u>LEFT</u>								
Unable to swallow candy □			<u></u>		<u> </u>			
<u>RIGHT</u>								
Unable to swallow candy □			<u></u>		<u> </u>			
<u>DOWN</u>								
Unable to swallow candy □		<u>:</u>	<u></u>		<u> </u>			
Overall Pre	ferred head posi	tion today:						
	something other	than, or in add		ile practicing? (e.g.	apple sauce,			
Comments (Optional):								

Your Name:		Location:		Day:	14			
Date:	Date:Candy type used for practice:							
	Circle the face to indicate how easy or hard it was!							
LEFT Unable to swallow candy □	<u></u>	<u>::</u>	<u></u>	<u> </u>				
DOWN Unable to swallow candy □	<u></u>	•••	<u></u>	<u> </u>	<u> </u>			
UP Unable to swallow candy □	<u></u>	<u> </u>	<u></u>					
Unable to swallow candy	<u>::</u>	(1.1)	<u></u>					
RIGHT Unable to swallow candy □	<u>::</u>	<u>;;</u>	<u></u>					
Overall Preferred head position today: Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit)								
Comments (Optional):								