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| **TONGUE-TIE ASSESSMENT REFLECTIVE ACCOUNTS FORM** | |
| To ensure an ongoing process of reflection, planning, action, and evaluation you are required to COMPLETE A MINIMUM OF 2 Infant Feeding and Tongue-tie assessments to complete your Tongue-tie Assessor Award Programme. These and your completed workbooks need to be handed in within one year of commencement of the course.  Please also keep a record of any other Tongue-tie and Infant Feeding educational achievements or activities you complete.  Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user, colleague or other individuals. | |
| **Tongue-tie and Infant Feeding assessment Case Study:** | |
| Student Name: |  |
| Nursing Parents’ Parity: |  |
| Age of Infant: |  |
| Date of Consultation/Assessment: |  |
| Observation details (feeding history): |  |
|  | |
| Nature of support given: |  |
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| Recommendations Made: |  |
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| Feeding Outcome for Parent/Baby Dyad | |
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| Reflection on practice? | |
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| Feeding Outcome for Parent/Baby Dyad |
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