

OPTION 8--NUTRITION

TEACHER INFORMATION

Name _____ Hour _____

MENU PLANNING

List your menu items in the space provided. Place appropriate check marks in each of the food groups represented in each menu item. Tally how many servings from each group the child would receive.

	BREADS	FRUITS	VEGETABLES	DAIRY	PROTEIN
BREAKFAST					
SNACK					
LUNCH					
SNACK					
DINNER					
SNACK					
TOTAL SERVINGS FROM EACH GROUP					