

WEEK: _____

MON

DATE: _____

STUDENTS _____

MENU:

FRUIT/VEGETABLE SERVED:

DRINK SERVED:

CHECK BOX IF FOOD CATEGORY WAS SERVED:

FRUIT/VEG

PROTEIN

WHOLE GRAINS

TUES

DATE: _____

STUDENTS _____

MENU:

FRUIT/VEGETABLE SERVED:

DRINK SERVED:

CHECK BOX IF FOOD CATEGORY WAS SERVED:

FRUIT/VEG

PROTEIN

WHOLE GRAINS

WED

DATE: _____

STUDENTS _____

MENU:

FRUIT/VEGETABLE SERVED:

DRINK SERVED:

CHECK BOX IF FOOD CATEGORY WAS SERVED:

FRUIT/VEG

PROTEIN

WHOLE GRAINS

THUR

DATE: _____

STUDENTS _____

MENU:

FRUIT/VEGETABLE SERVED:

DRINK SERVED:

CHECK BOX IF FOOD CATEGORY WAS SERVED:

FRUIT/VEG

PROTEIN

WHOLE GRAINS

FRI

DATE: _____

STUDENTS _____

MENU:

FRUIT/VEGETABLE SERVED:

DRINK SERVED:

CHECK BOX IF FOOD CATEGORY WAS SERVED:

FRUIT/VEG

PROTEIN

WHOLE GRAINS