

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