

Name _____ Week of _____ Weight _____

Food Group	Food\Beverage Name and Amount
Breakfast (time) _____	
Grains/Starches	
Vegetables	
Fruits	
Dairy/Substitute	
Protein	
Fats/Sweets	
Beverages	
Comments\Activity	
Snack (time) _____	
Lunch (time) _____	
Grains/Starches	
Vegetables	
Fruits	
Dairy/Substitute	
Protein	
Fats/Sweets	
Beverages	
Comments\Activity	
Snack (time) _____	
Dinner (time) _____	
Grains/Starches	
Vegetables	
Fruits	
Dairy/Substitute	
Protein	
Fats/Sweets	
Beverages	
Comments\Activity	
Snack (time) _____	

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