

Menu Review – Food For Learning Program

Please fill out separate sheets for breakfasts, lunches and/or snacks. Once completed please email to Vicky Struthers vstruthers@hpedsb.on.ca. Thank you.

Breakfasts

Lunches

Snacks

Name of School: _____

Week of: _____

<i>Day</i>	<i>Food Group</i>	<i>Food Description</i>
	<p>A meal contains at least one serving from a minimum of three out of the four food groups of Canada's Food Guide. One serving must come from the Vegetables & Fruit food group and one serving from the Milk and Alternatives food group.</p> <p>A snack contains at least one serving from a minimum of two food groups of Canada's Food Guide. One must be from the Vegetables and Fruit food group.</p>	<p>If you are unsure how to describe the food item you used please let us know so we can provide more information to support your work. Please see examples below.</p> <p>Type: For example canned pears packed in water, or frozen mixed vegetables, or dried apricots, or local fresh blueberries, or whole oats cereal, or 100% whole wheat bread, or 2% milk, or 1% MF yogurt with 25 %DV calcium, or number of mg of sodium etc. (use product labels for more descriptors), or title on the package</p> <p>Preparation method: For example reheated or cooked in microwave or poached or grilled, etc.</p> <p>Portion served: Measure to see how much your cereal bowls hold then you can tell us if one serving is 1 cup (250 mL) or ½ cup (125 mL). Other measures you might use are one whole or a half, or the number of grams or ounces or millilitres (mL) mL, or the number of slices</p>

Monday	<input type="checkbox"/> Vegetables & Fruit	
	<input type="checkbox"/> Grain Products	
	<input type="checkbox"/> Milk and Alternatives	
	<input type="checkbox"/> Meat and Alternatives	
	<input type="checkbox"/> Miscellaneous	
	<input type="checkbox"/> Tap water	
Tuesday	<input type="checkbox"/> Vegetables & Fruit	
	<input type="checkbox"/> Grain Products	
	<input type="checkbox"/> Milk and Alternatives	
	<input type="checkbox"/> Meat and Alternatives	
	<input type="checkbox"/> Miscellaneous	
	<input type="checkbox"/> Tap water	
Wednesday	<input type="checkbox"/> Vegetables & Fruit	
	<input type="checkbox"/> Grain Products	
	<input type="checkbox"/> Milk and Alternatives	
	<input type="checkbox"/> Meat and Alternatives	
	<input type="checkbox"/> Miscellaneous	
	<input type="checkbox"/> Tap water	

Thursday	<input type="checkbox"/> Vegetables & Fruit	
	<input type="checkbox"/> Grain Products	
	<input type="checkbox"/> Milk and Alternatives	
	<input type="checkbox"/> Meat and Alternatives	
	<input type="checkbox"/> Miscellaneous	
	<input type="checkbox"/> Tap water	
Friday	<input type="checkbox"/> Vegetables & Fruit	
	<input type="checkbox"/> Grain Products	
	<input type="checkbox"/> Milk and Alternatives	
	<input type="checkbox"/> Meat and Alternatives	
	<input type="checkbox"/> Miscellaneous	
	<input type="checkbox"/> Tap water	

Foods that we did not serve but wished we could have are: _____

The reasons we did not serve them are: _____

Other comments/suggestions/concerns we have are: _____