



MENU

Please print your name:

_____ Name

USDA Requirements		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		Date:	Date:	Date:	Date:	Date:	Date:	Date:
Breakfast	Fluid Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Juice, Fruit, Veg							
	Cereal/ Bread							
Snack	Choose 2 food groups	A.M.						
Lunch	Fluid Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Fruit or Veg.							
	Fruit or Veg.							
	Bread or Alt. <small>(rice, noodles)</small>							
	Meat or Alt.							
Snack	Choose 2 food groups	P.M.						
Dinner	Fluid Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Fruit or Veg.							
	Fruit or Veg.							
	Bread or Alt. <small>(rice, noodles)</small>							
	Meat or Alt.							
Snack	Choose 2 food groups	B.T.						