oo Food Card



Name:	Date:	
Fill in the sentences below, then do	raw a picture or make a collage of your favorite	food item
I like to eat		
	(My favorite food)	
which is part of the		,
	(Food group)	
at		
	(Mealtime)	
I like to eat it with		,
	(Other food items)	
because		
	(Explain why you like to eat it)	





My Menu BoodBB

e:	Date:						
an your dinner menu for a week. Work with a partner to make a full, balanced, and healthy eal for each day. Remember to make sure each meal has one food item from each of the e food groups. You may use one of the food groups for a drink.							
hen finished, bring it home to share, and try the meals with your family!							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY			
Fruits:	Fruits:	Fruits:	Fruits:	Fruits:			
Vegetables:	Vegetables:	Vegetables:	Vegetables:	Vegetables:			
Protein:	Protein:	Protein:	Protein:	Protein:			
Grains:	Grains:	Grains:	Grains:	Grains:			
Dairy:	Dairy:	Dairy:	Dairy:	Dairy:			
				7			
				FAT M			

