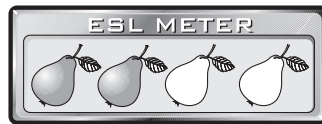




My Nutrition Journal

Name: _____



Beginning High











My Nutrition Journal

Beginning High

























Name: _____

Teacher's Name: _____

Classroom: _____ School _____

LESSON		PAGE
1.	 Quick and Easy Healthy Meals	1
2.	 Fruits and Vegetables	2
3.	 Healthy Children	3
4.	 Healthy Food	5
5.	 Shopping	7
6.	 Safe Cooking	8

What Do You Want to Do?

I WANT TO ...	CIRCLE ONE		
	No, not now	Maybe	Yes, a lot
1. 			
2. 			
3. 			
4. 			
5. 			
6. 			



Date: _____

My Goal: I want to try _____ tips for quick and easy healthy meals for my family or myself.

Directions:

1. Talk with your group and write three new "Tips".
2. Try the "Tips" at home.
3. Do your Report
4. Talk to a partner.

New tip for quick and easy healthy meal	I tried it	My family/I liked it:		
		No	Some	Yes
1.	Date: _____			
2.	Date: _____			
3.	Date: _____			

MY REPORT

DATE:

1. I tried _____ tips for quick and healthy meals.
2. The best tip for my family was: _____
3. The tip I will try again is: _____
4. The tip I will not try again is: _____ because _____



Date: _____

My Goal: I want to eat _____ fruits and vegetables every day.

Directions:

1. For the next 5 days, check how many fruits and vegetables you eat.
2. Do your report.
3. Talk to a partner.

	Put a check (✓) for each fruit and vegetable you eat.	Total	Enough for the day?
Date #1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I ate: _____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date #2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I ate: _____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date #3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I ate: _____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date #4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I ate: _____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date #5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I ate: _____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/>

MY REPORT	DATE:
1. I ate enough fruits and vegetables this week (5 cups or more each day).	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. I need to eat more fruits and and vegetables.	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. What will you do to eat more fruits and vegetables?	_____



Date: _____

My Goal:

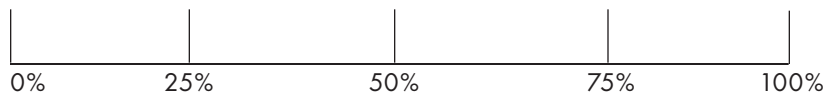
1. I want my family to drink less _____ and more _____
2. I will try this new healthy drink: _____

Tape Drink #1 Here

Date:

Answer the questions

1. Underline the sugar in Drink#1.
2. Circle how much juice is in Drink #1.
3. How much juice is in drink #1? Show your answer.



4. Is drink #1 healthy? No Yes

Why? _____



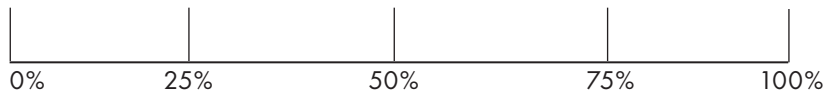
Tape Drink #2 Here

Date:

1. Look at Drink #1 and Drink#2.
2. Answer the questions.

3. Do your Report.
4. Talk to a partner.

1. Drink #1 has _____ sugar than Drink #2.
2. Drink #2 has _____ juice than Drink #1
3. How much juice is in drink #2? Show your answer.



4. Is drink #2 healthy? No Yes
Why? _____

MY REPORT

DATE:

1. Did your family try a new healthy drink? No Yes
Name of the new drink: _____
2. Did they like the new drink? No Some Yes
3. Will you buy the drink again? Yes Some Yes
Why? _____
4. Now, my family drinks more _____ and less _____






Date: _____

My Goal: This week, I will eat foods from the food groups for at least ONE day.



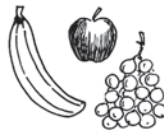



Directions:

1. Write or draw the meals you ate yesterday.
2. Check off the food groups for yesterday.
3. Write or draw your food for two more days this week.
4. Do your Report and talk to a partner.

DAY #1

CHECK (✓) THE FOOD GROUPS YOU ATE FROM:							
	Grains	Vegetables	Fruits	Milk	Meat	Oils	Extra
DAY #1							

DAY #2

CHECK (✓) THE FOOD GROUPS YOU ATE FROM:							
	Grains	Vegetables	Fruits	Milk	Meat	Oils	Extra
DAY #2							



DAY #3

CHECK (✓) THE FOOD GROUPS YOU ATE FROM:

	Grains	Vegetables	Fruits	Milk	Meat	Oils	Extra
DAY #3							

MY REPORT

DATE: _____

1. I ate from all the food groups on _____ (1, 2, 3) days.

2. Which food groups do you need to eat more? Circle.



3. What foods can you eat from those groups? _____

4. Are you ready to eat from all the food groups?



Not Ready Getting Ready Ready

5. Why?



My Goal: I will plan shopping to save money.

Directions:

1. Tape 2 receipts from your shopping here OR write the food you bought last week and this week.
2. Do your Report.
3. Talk to a partner.

Shopping Receipt or List Date: _____	Shopping Receipt or List Date: _____

MY REPORT	DATE:	DATE:
	Last week	This week
1. I planned meals before I went shopping.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. I used food ads.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. I bought fruits and vegetables in season.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. I bought extra food to use different ways. I will cook _____, _____ and _____.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. My shopping list helped me save money.	No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/>
6. I am going to plan meals. Why? _____	No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/>	
7. Tell a partner how to save money.		



Date: _____

My Goal: I will cook safely at home.

Directions:

1. Circle what was true for you BEFORE the Lesson.
2. Circle what your plans are for the FUTURE.
3. Circle ONE new safety tip you will try this week.
4. Do your Report.
5. Talk to a partner.

BEFORE THE LESSON... Did you...?	SCALE 1 = never 2 =sometimes 3 =always	IN THE FUTURE... Will you...?
1 2 3	...wash hands for <u>20 seconds</u> with hot water and soap.	1 2 3
1 2 3	... rinse sponges with hot soapy water.	1 2 3
1 2 3	... wash meats, fruits and vegetables before eating or cooking.	1 2 3
1 2 3	... wash the knife after cutting meat.	1 2 3
1 2 3	... wash the cutting board and utensils with hot, soapy water.	1 2 3
1 2 3	... put food in the refrigerator quickly.	1 2 3

MY REPORT	DATE:
------------------	-------

1. Now I _____ .
2. Next week, I will _____ .

REPORT #2	DATE:
------------------	-------

1. Now I _____ .

Post/Pre Survey

Date: _____

Directions:

1. Circle what is true for you NOW.
2. Circle what was true for you BEFORE the Lesson.
3. Circle what your plans are for the FUTURE.

NOW... Do you...?	SCALE			BEFORE THE LESSONS... Did you...?	IN THE FUTURE... Will you...?
	No 1	Maybe 2	Yes 3		
1 2 3	I make quick and easy, healthy meals.			1 2 3	1 2 3
1 2 3	I/my family eats 9-12 fruits and vegetables every day.			1 2 3	1 2 3
1 2 3	I buy drinks with more juice and less sugar.			1 2 3	1 2 3
1 2 3	I read labels at the store.			1 2 3	1 2 3
1 2 3	I eat food from all of the food groups.			1 2 3	1 2 3
1 2 3	I plan meals before I shop.			1 2 3	1 2 3
1 2 3	I buy food in season.			1 2 3	1 2 3
1 2 3	I wash my hands with hot, soapy water for 20 seconds, before and after I cook.			1 2 3	1 2 3
1 2 3	I wash utensils and cutting boards after I use them.			1 2 3	1 2 3

1. I liked the lessons. **NO** **SOME** **A LOT**
1 2 3

2. I want to learn more about:

Teacher's Report to Student

Interest Survey Completed: Date _____

Lesson

1.	Not able to assess/ No Progress reported	Progress reported	Goal met
2.	Not able to assess/ No Progress reported	Progress reported	Goal met
3.	Not able to assess/ No Progress reported	Progress reported	Goal met
4.	Not able to assess/ No Progress reported	Progress reported	Goal met
5.	Not able to assess/ No Progress reported	Progress reported	Goal met
6.	Not able to assess/ No Progress reported	Progress reported	Goal met

Teacher's Signature: _____

Date: _____

Funded by the U.S. Department of Agriculture Food Stamp Program, an equal opportunity provider and employer, through the California Nutrition Network. The Food Stamp Program provides nutrition assistance to people with low income. It can help buy nutritious foods for a better diet. To find out more, please call 1-800-952-5253.