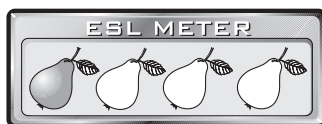




# My Nutrition Journal

Name: \_\_\_\_\_



**Beginning Low**











# My Nutrition Journal

## Beginning Low







Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

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

### What Do You Want to Do?

I WANT TO ...	CIRCLE ONE		
	No, not now	Maybe	Yes, a lot
1. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>









Date \_\_\_\_\_

**My Goal:** I will try a healthy snack at home.

Directions:








1. Try the snacks at home.
2. Do the Report.
3. Show your idea for a healthy snack.
4. Do the Report.

1. Cucumber and Lemon Date: \_\_\_\_\_

 1. Wash hands.	 2. Wash the cucumber.	 3. Cut the cucumber and the lemon.	 4. Put the lemon on the cucumber.	 5. Add the chili powder.	 6. Eat the cucumber.
---	--	---	--	---	---


My Report: 1. I tried the snack:   2. My family liked it:    
3. Time to make snack: \_\_\_\_\_ minutes.

2. Apple and Yogurt Date: \_\_\_\_\_

 1. Wash hands.	 2. Wash the apple.	 3. Cut the apple.	 4. Put the apple in the bowl.	 5. Put the yogurt on the apple.	 6. Add the cinnamon.	 7. Eat the apple.
---	---	--	--	--	---	--

My Report: 1. I tried the snack:   2. My family liked it:    
3. Time to make snack: \_\_\_\_\_ minutes.

3. My Snack Date: \_\_\_\_\_

 1. Wash hands.						
---	--	--	--	--	--	--

My Report: 1. I tried the snack:   2. My family liked it:    
3. Time to make snack: \_\_\_\_\_ minutes.



**My Goal:** I will eat more fruits and vegetables.

Date: \_\_\_\_\_

Directions:

1. Eat fruit and vegetables at break.
2. Offer food to students.
3. Say "Thank you."
4. Check (✓) what you did.
5. Do your Report.

WEEK 1	DATE	DATE	DATE
1. I eat fruit and vegetables at break.			
2. I offer food to students.			
3. Students offer food to me.			
4. I say "Thank you."			
WEEK 2	DATE	DATE	DATE
1. I eat fruit and vegetables at break.			
2. I offer food to students.			
3. Students offer food to me.			
4. I say "Thank you."			
MY REPORT	DATE:		

1. I ate fruit and vegetables \_\_\_\_\_ times as break.
2. I offered food to students \_\_\_\_\_ times at break.
3. Students offered food to me \_\_\_\_\_ times at break.
4. I said "Thank you" \_\_\_\_\_ times at break.



**My Goal:** My child's name is: \_\_\_\_\_ .  
My child will eat: \_\_\_\_\_ .

Date: \_\_\_\_\_

Directions:

1. Make a new vegetable for your child.
2. Write the month.
3. Check how you make the vegetable.
4. Do your Report.

<p>Month: _____</p> <p><input type="checkbox"/> Soup</p> <p><input type="checkbox"/> Pasta</p> <p><input type="checkbox"/> Pizza</p> <p><input type="checkbox"/> Rice</p> <p><input type="checkbox"/> Meat</p> <p><input type="checkbox"/> Eggs</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>Month: _____</p> <p><input type="checkbox"/> Soup</p> <p><input type="checkbox"/> Pasta</p> <p><input type="checkbox"/> Pizza</p> <p><input type="checkbox"/> Rice</p> <p><input type="checkbox"/> Meat</p> <p><input type="checkbox"/> Eggs</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p>Month: _____</p> <p><input type="checkbox"/> Soup</p> <p><input type="checkbox"/> Pasta</p> <p><input type="checkbox"/> Pizza</p> <p><input type="checkbox"/> Rice</p> <p><input type="checkbox"/> Meat</p> <p><input type="checkbox"/> Eggs</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>Month: _____</p> <p><input type="checkbox"/> Soup</p> <p><input type="checkbox"/> Pasta</p> <p><input type="checkbox"/> Pizza</p> <p><input type="checkbox"/> Rice</p> <p><input type="checkbox"/> Meat</p> <p><input type="checkbox"/> Eggs</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>

**MY REPORT**

DATE: \_\_\_\_\_

1. Now my child likes \_\_\_\_\_.



2. Next time I will give my child: \_\_\_\_\_.



**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	Meats, Beans	Oils
<b>DAY #1</b>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	

**DAY #2**

**CHECK (✓) THE FOOD GROUPS YOU ATE FROM:**

	Grains	Vegetables	Fruits	Milk	Meats, Beans	Oils
<b>DAY #2</b>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	



DAY #3

CHECK (✓) THE FOOD GROUPS YOU ATE FROM:

	Grains	Vegetables	Fruits	Milk	Meats, Beans	Oils
DAY #3	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	

MY REPORT

DATE: \_\_\_\_\_

- I ate from all the food groups on \_\_\_\_\_ (1, 2, 3) days.
- 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?

\_\_\_\_\_



Date: \_\_\_\_\_

**My Goal:** I will find the address and telephone number of a place to get healthy, low-cost or free food.

Directions:

1. Choose a place.
2. Do the Report.

CHECK (✓) ONE	PLACE	ADDRESS AND TELEPHONE NUMBER
		Address: _____ Telephone Number: _____
		Address: _____ Telephone Number : _____
		Address: _____ Telephone Number : _____
		Address: _____ Telephone Number : _____
		Address: _____ Telephone Number : _____

**MY REPORT** DATE: \_\_\_\_\_

1. The address for \_\_\_\_\_ is \_\_\_\_\_.
2. The telephone number is: \_\_\_\_\_.








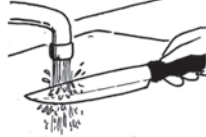


Date: \_\_\_\_\_

**My Goal:** I will handle food safely at home.

Directions:

1. Check what you did before.
2. Check what you do now.
3. Do the Report.

	Before I...	Now I...		Before I...	Now I...
1. Wash hands. 			5. Dry meat. 		
2. Wash vegetables. 			6. Wash the counter. 		
3. Wash meat. 			7. Put food in the refrigerator. 		
4. Use 2 cutting boards. 			8. Wash the knife. 		

**MY REPORT**




























DATE:

1. Now I \_\_\_\_\_
2. Now I \_\_\_\_\_
3. Now I \_\_\_\_\_

# Post Survey

Date: \_\_\_\_\_

What do you do now?

	NO	SOME	YES
1. I know about healthy food.			
2. I eat _____ fruits and vegetables now. (How many?)			
3. I make quick and easy, healthy snacks.			
4. My child eats _____ now. (New Vegetable)			
5. I eat food from the 6 food groups.			
6. I know where to go for emergency food.			
7. I wash meat and vegetables before I cook.			
8. I put food in the refrigerator.			
9. I like the lessons.			
10. 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.