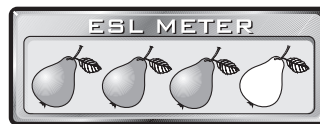




My Nutrition Journal

Name: _____



Intermediate Low











My Nutrition Journal

Intermediate Low



















Name: _____

Teacher's Name: _____

Classroom: _____

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

What Do You Want to Do?

I WANT TO ...	CIRCLE ONE		
	No, not now	Sometimes	Yes, a lot
1.to prepare quick and healthy meals.			
2.to eat more fruits and vegetables.			
3.to help my children eat healthier food.			
4.to make healthier food choices.			
5.to find new places to get healthy, low-cost food in my community.			
6.to cook safely.			



Date _____

My Goal: I will try _____ ideas for quick and easy cooking.

Directions:

1. Write down some new ideas from class.
2. Try 1 or more at home.
3. On a different day, complete your Report and talk to a partner.

Describe new idea for quick and easy cooking.	I tried it.	My family/I liked it:
1. Ingredients: How to cook:	Date: _____	1 2 3 4 5 No Some a lot
2. Ingredients: How to cook:	Date: _____	1 2 3 4 5 No Some a lot
3. Ingredients: How to cook:	Date: _____	1 2 3 4 5 No Some a lot

MY REPORT

DATE:

1. I tried _____ ideas for quick and easy cooking.
2. The best idea for my family was: _____
3. The idea I will try again is: _____
4. The idea I will not try again is: _____ because



Date _____

My Goal: I will eat at least 5 cups of fruits and vegetables every day.

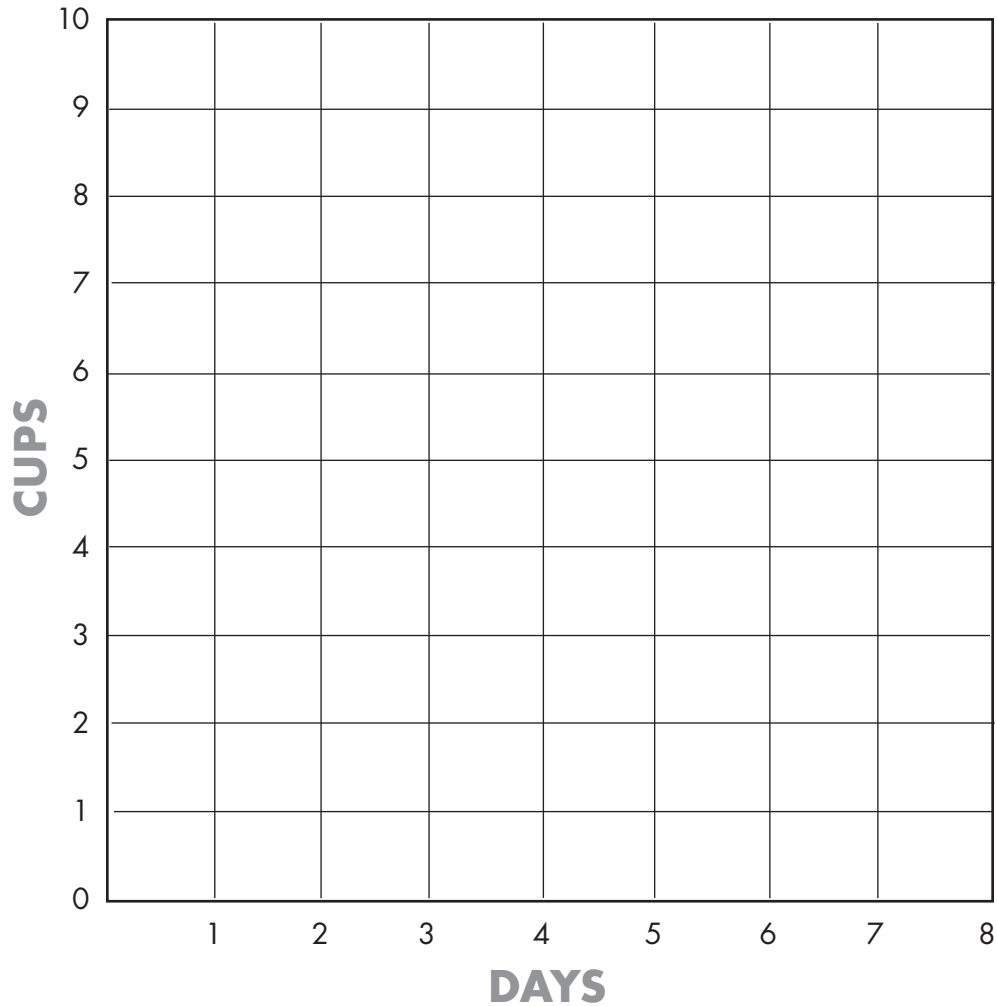
Directions:

1. For the next 8 days, write down what fruit and vegetables you eat.
2. Use the Graph to show how many cups you ate.
3. Do your Report and talk to a partner.

	Fruits and Vegetables (Write what you ate)	Is it enough?	
Date #1 _____		Yes	No
Date #2 _____		Yes	No
Date #3 _____		Yes	No
Date #4 _____		Yes	No
Date #5 _____		Yes	No
Date #6 _____		Yes	No
Date #7 _____		Yes	No



Fruits and Vegetables Graph



MY REPORT DATE: _____

1. How many days did you eat at least 5 cups of fruits and vegetables? _____
2. On the days you did not eat enough fruits and vegetables, why not?

3. Are you ready to eat more fruits and vegetables (if you need to)?

--	--	--

Not Ready Getting Ready Ready

4. What can you do to eat more fruits and vegetables?



Date _____

My Goal: I will make _____ new healthy snacks for my children.

Directions:

1. Work in a group. Share ideas for making healthy snacks.
2. Write 2 or 3 ideas you want to try.
3. Try the snacks at home.
4. Do your Report and talk to a partner.

Healthy Snack Idea	Date Tried	Circle your answer: My family liked it...				
1.	_____	1 not much	2	3 a little	4	5 a lot
2.	_____	1 not much	2	3 a little	4	5 a lot
3.	_____	1 not much	2	3 a little	4	5 a lot

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

1. I made _____ healthy snacks for my children/family.
2. Which snack did they like the most? _____
3. Why? _____
4. Which snack did they like the least? _____
5. Why? _____
6. Which snack(s) will you try again? _____
7. Do you have another idea for a healthy snack to share? Write it here:



Date _____

My Goal: I will try _____ foods lower in fat for cooking or eating.

Directions:

1. Try the lower fat foods at home.
2. Do your Report and talk to a partner.

Now, I cook with...	I tried _____ instead. (fill in the blank)	Did you like it? Circle your answer. 1= No, I won't use it again. 3= OK, I might use it again. 5= Yes, I will use it again.		
1.	_____ Date: _____	1 No	3 OK	5 Yes
2.	_____ Date: _____	1 No	3 OK	5 Yes
3.	_____ Date: _____	1 No	3 OK	5 Yes

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

1. I tried _____ healthier fat substitutes.
2. The substitute I will try again is _____
because _____
3. The substitute I will not try again is _____
because _____
4. Why do you think it is hard for some people to eat foods lower in fat?

5. What can they do to eat foods lower in fat?



Date: _____

My Goal: I usually go to _____ for my food. I will try _____ new places to shop for healthy, low-cost foods in my community.

Directions:

1. Choose 1-3 new places you want visit over the next 2 weeks.
2. Fill in the Chart.
3. Do your Report and talk to a partner.

New Place(s) I plan to visit:	Date of visit:	I liked:
1.		<input type="checkbox"/> helpful workers <input type="checkbox"/> clean <input type="checkbox"/> fresh food <input type="checkbox"/> ethnic foods <input type="checkbox"/> low- cost foods <input type="checkbox"/> take food stamps
2.		<input type="checkbox"/> helpful workers <input type="checkbox"/> clean <input type="checkbox"/> fresh food <input type="checkbox"/> ethnic foods <input type="checkbox"/> low- cost foods <input type="checkbox"/> take food stamps
3.		<input type="checkbox"/> helpful workers <input type="checkbox"/> clean <input type="checkbox"/> fresh food <input type="checkbox"/> ethnic foods <input type="checkbox"/> low- cost foods <input type="checkbox"/> take food stamps

MY REPORT

DATE:

1. The place I liked the most was _____ because _____
2. The place I liked least was _____ because _____
3. The place I will return to is _____ because _____
4. I did not try any new places because _____



Date: _____

My Goal: Over the next 3 days, I will try food safety tips. _____

BEFORE this lesson, I...	TIPS	IN THE FUTURE, I will...	NOW, I...
1. <input type="checkbox"/>	... wash my hands for <u>20 seconds</u> with hot water and soap.	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/>	... thaw chicken or meat in the refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/>	... use one cutting board for chicken or meat and another for other food.	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/>	...wash the cutting board and utensils with hot water and soap.	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="checkbox"/>	... wash the knife after I cut meat and before cutting other food.	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="checkbox"/>	... wash the can opener with hot soapy water after I use it.	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="checkbox"/>	... taste and stir using different spoons.	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="checkbox"/>	... refrigerate leftover food immediately.	<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="checkbox"/>	... throw away chicken or other meat if it has been out of the refrigerator for more than 2 hours.	<input type="checkbox"/>	<input type="checkbox"/>

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 1=never 2=seldom 3=sometimes 4=often 5=always	BEFORE THE LESSONS... <u>Did</u> you...?	IN THE FUTURE... <u>Will</u> you...?
1 2 3 4 5	...try new ideas for quick, easy, healthy meals?	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	... eat more fruits and vegetables?	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	... try foods lower in fat?	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	...make healthy snacks for your children and yourself?	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	... look for new places to buy low-cost, healthy foods?	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	...cook safely in your home?	1 2 3 4 5	1 2 3 4 5

Part 2: Answer these questions

1. What is something you have learned that is important to you?

2. What is something you do now that you did not do before?

3. What are some other things you could do?

4. What more do you want to know or learn about food or health?

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
Post/Pre Survey	Not able to assess/ No Progress reported	Progress reported	Goal met

Teacher's Signature: _____

Date: _____