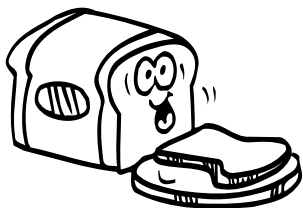
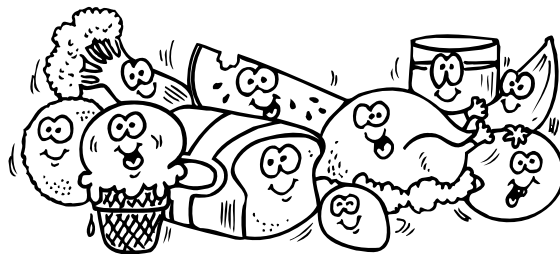


My Daily Diet!

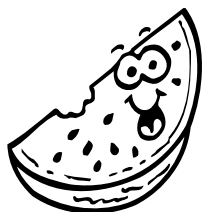
Student's Name _____

Date: _____

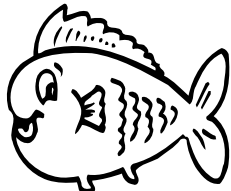
Breakfast: _____



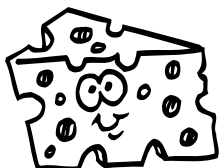
Lunch: _____



Dinner: _____



Snacks: _____



Record how many servings you ate from the following groups:

Bread Group

Milk Group

Vegetable Group

Meat Group

Fruit Group

Fats/Sweets Group