

SAMPLE FORM

Menu Planning Form

Week of _____

MEAL PATTERNS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>Breakfast</u> Juice or fruit Bread and/or cereal Milk, fluid (three food groups)					
<u>A. M. Supplement</u> Milk, juice, fruit or vegetable bread or cereal (two food groups)					
<u>Lunch</u> Meat and/or alternate Vegetables and/or fruits Bread Butter/margarine Milk, fluid whole Other foods (four food groups)					
<u>P. M. Supplement</u> Milk, juice, fruit, vegetable, bread or cereal (two food groups)					
<u>Supper</u> Meat and/or alternate Vegetables and/or fruits Bread Butter/margarine Milk, fluid whole Other foods (four food groups)					

Adapted from: *Special Food Service Programs for Children*, U. S. Dept. of Agriculture Food and Nutrition

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