





Menu	Monday	Tuesday	Wednesday	Thursday	Friday
	Date:	Date:	Date:	Date:	Date:
Breakfast					
Vegetable or Fruit					
Meat or Meat Alternative					
Grains/Bread					
Milk, Fluid					
Other Foods (Optional)					
AM Snack (Choose 2 Below)					
Fruit					
Vegetable					
Meat or Meat Alternative					
Grains/Bread					
Milk, Fluid					
Lunch or Supper	•	•	•	•	
Meal Name					
Fruit					
Vegetable					
Meat or Meat Alternative					
Grains/Bread					
Milk, Fluid					
Other Foods (Optional)					
PM Snack (Choose 2 Below)	•				
Fruit					
Vegetable					
Meat or Meat Alternative					
Grains/Bread					
Milk, Fluid					
Key: Milk(W)= Unflavored Whole	e Milk, Milk (1)= Unflavo	ored 1% Low Fat Milk, Wo	G= Whole Grain, HM= Ho	memade	Menu #