**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RC I-2 Weekly Menu**

Provide a copy of **one weekly menu** for Preschoolers. In order to complete your related Reflective Competency Statement on this topic, the menu would ideally be one that you have participated in serving to and/or designing for children.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Weekly Menu** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Breakfast** |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |
| **Snack** |  |  |  |  |  |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Menu Planning Checklist

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Breakfast: serving of fruit or Vegetable |  |  |
| Breakfast: serving of dairy |  |  |
| Breakfast: serving of grain |  |  |
| Lunch: serving of fruit |  |  |
| Lunch: Serving of vegetable |  |  |
| Lunch: Serving of grain |  |  |
| Lunch: Serving of meat |  |  |
| Lunch: Serving of dairy |  |  |
| Snack: 2 components from the chart |  |  |
| Is there a variety of colors for each meal |  |  |
| Is there a variety of textures for each meal |  |  |
| Is there a variety of shapes |  |  |
| Is milk the only item you repeated? |  |  |
| Did you list portion sizes |  |  |
| Did you list condiments |  |  |
| Is your menu moderate in fat & calories |  |  |
| Do you have 2 foods high in Vit. C a week |  |  |
| Do you have 2 foods high in Vit. A a week |  |  |
| Do you have at least one whole-grain a day |  |  |
| Did you complete menus for all 5 days |  |  |
| Did you offer 3 fresh fruits |  |  |
| Did you answer yes for all of the questions? If not, fix your menu so you can answer yes to all of the above. |  |  |

Reflection: What did you learn about menu planning for children?