Menu Plan

Name:				Today's Date:
My Meal Plan:				Notes:
Vegetables (cups):	Fruit (cups):	Whole Grains (oz.):	Protein (oz. equivalents):	
Dairy (cups):	Fats (teaspoons):	Extra Foods (servings):		

Meal/Snack	Food/Beverage	Amount Consumed	Food Group

Daily Totals:

Vegetables (cups):	Fruit (cups):	Whole Grains (oz.):	Protein (oz. equivalents):
Dairy (cups):	Fats (teaspoons):	Extra Foods (servings):	