|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| :---: | :---: | :---: | :---: | :---: | :---: |
| WEEK 1 |  |  |  |  |  |
| (At least 2 food groups, one of which is a vegetable or fruit) |  |  |  |  |  |
| WEEK 2 |  |  |  |  |  |
| (At least 2 food groups, one of which is a vegetable or fruit) |  |  |  |  |  |
| WEEK 3 |  |  |  |  |  |
| (At least 2 food groups, one of which is a vegetable or fruit) |  |  |  |  |  |
| WEEK 4 |  |  |  |  |  |
| (At least 2 food groups, one of which is a vegetable or fruit) |  |  |  |  |  |

I have followed the food and Beverage criteria to ensure this menu meets the Standards for Food and Nutrition Provider Signature:

Date:

Consultant Signature: Date:

Water is available at all times.

