## oo Food Card



Name:	Date:		
Fill in the sentences below, then draw	w a picture or make a collage of your favorit	e food item.	
I like to eat			
	(My favorite food)		
which is part of the			
•	(Food group)	·	
at			
	(Mealtime)		
I like to eat it with		T	
	(Other food items)	ŕ	
because			
	(Explain why you like to eat it)		





## 2.2.2.N.I My Menupoander first course • REPRODUCIBLE 2

Name:	Date:				
Plan your dinner menu for a week. Work with a partner to make a full, balanced, and healthy meal for each day. Remember to make sure each meal has one food item from each of the five food groups. You may use one of the food groups for a drink.  When finished, bring it home to share, and try the meals with your family!					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Fruits:	Fruits:	Fruits:	Fruits:	Fruits:	
Vegetables:	Vegetables:	Vegetables:	Vegetables:	Vegetables:	
Protein:	Protein:	Protein:	Protein:	Protein:	
Grains:	Grains:	Grains:	Grains:	Grains:	

Dairy:

Dairy:



Dairy:

Dairy:

Dairy: