

Meal Planning Sheet

Name: _____



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Please circle one:

My meal is: Breakfast Lunch Supper

Your meal will include a food from each food group using the space food list.

Food group:

Breads/grains: _____

Vegetables: _____

Fruit: _____

Dairy Product: _____

Proteins/Meats: _____

Fats, oils, sweets: _____

Beverage: _____