

USDA FOOD GROUP PYRAMID DAILY REQUIREMENTS

FOOD GROUP KEY

- | | |
|--|-------------------------------------|
| A. Fats, Oils & Sweets—Sparingly | D. Vegetables—2.5 cups |
| B. Milk, Yogurt & Cheese Group—3 cups | E. Fruits—2 cups |
| C. Meat, Poultry, Fish, Dry Beans, Eggs & Nuts—5.5 oz. | F. Bread, Cereal, Rice & Pasta—6oz. |

DATE _____

<u>Meal</u>	<u>Food Items Offered</u>	<u>Food Group Servings Offered</u>
Breakfast		
Time _____		A _____ B _____ C _____ D _____ E _____ F _____

Lunch		
Time _____		A _____ B _____ C _____ D _____ E _____ F _____

Dinner		
Time _____		A _____ B _____ C _____ D _____ E _____ F _____

Snack		
Time _____		A _____ B _____ C _____ D _____ E _____ F _____

Total daily servings offered by food group A _____ B _____ C _____ D _____ E _____ F _____

Please list individuals with Special Dietary Requirements
(Use additional sheets if needed)

Signature of verifying individual

Print or Type Neatly

DATE _____

Meal _____ Food Items Offered _____ Food Group Servings Offered _____

Breakfast _____ A _____ B _____ C _____ D _____ E _____ F _____

Time _____

Total daily servings

offered by food groups

A _____

B _____

C _____

D _____

E _____

F _____

Lunch _____ A _____ B _____ C _____ D _____ E _____ F _____

Time _____

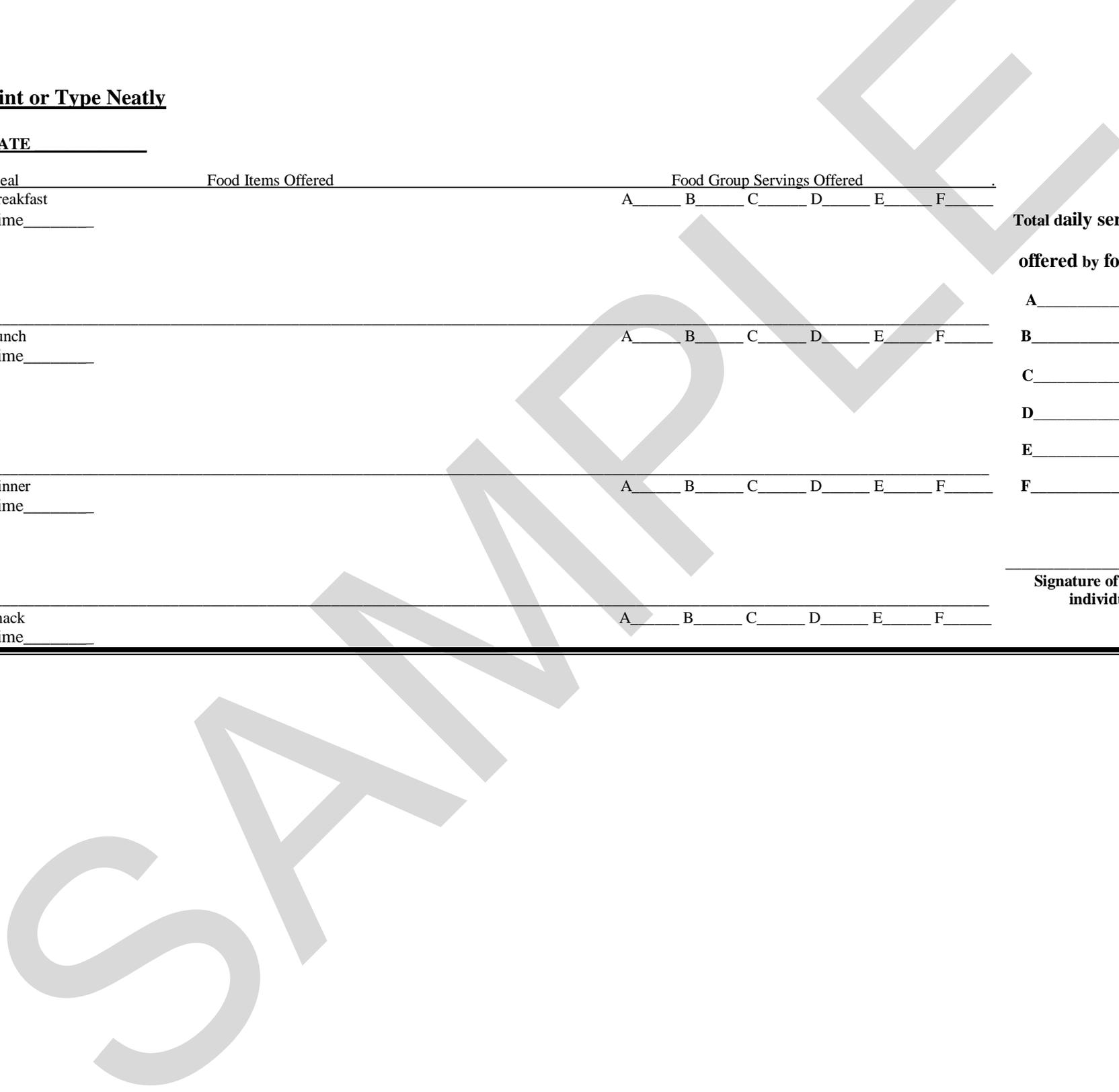
Dinner _____ A _____ B _____ C _____ D _____ E _____ F _____

Time _____

Signature of verifying individual

Snack _____ A _____ B _____ C _____ D _____ E _____ F _____

Time _____



DATE _____

Meal _____ Food Items Offered _____ Food Group Servings Offered _____
Breakfast _____ A _____ B _____ C _____ D _____ E _____ F _____
Time _____

**Total daily servings
offered by food groups**

A _____
B _____
C _____
D _____
E _____
F _____

Lunch _____ A _____ B _____ C _____ D _____ E _____ F _____
Time _____

Dinner _____ A _____ B _____ C _____ D _____ E _____ F _____
Time _____

Snack _____ A _____ B _____ C _____ D _____ E _____ F _____
Time _____

**Signature of verifying
individual**

