



Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 5-Day Lunch Planner

Instructions: Plan your school lunch for the next 5 days. Think about your favorite foods and add new choices from the KidsHealth recipes. Check the cafeteria menu if you'll be buying lunch. Fill out the chart below, and try to include items from at least three food groups. Don't forget to write your shopping list.

Day	Lunch foods	Pack	Buy
Monday	Fruits, veggies: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Whole grains: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Protein: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Dairy: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Drink: _____	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	Fruits, veggies: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Whole grains: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Protein: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Dairy: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Drink: _____	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	Fruits, veggies: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Whole grains: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Protein: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Dairy: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Drink: _____	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	Fruits, veggies: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Whole grains: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Protein: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Dairy: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Drink: _____	<input type="checkbox"/>	<input type="checkbox"/>
Friday	Fruits, veggies: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Whole grains: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Protein: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Dairy: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Drink: _____	<input type="checkbox"/>	<input type="checkbox"/>

### Shopping list

• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____