



Good Eating at the

Family Café!

_____ (Name)

Directions: Work with a responsible family member to plan a balanced, healthy meal. You do not have to make it, but if you do, make sure the family member helps you.

Enjoy!

Return this sheet by _____ (date).

Type of food	Sample food	Your menu choice
Whole grain(s)	Tortilla shells	
Protein(s)	Beans	
Dairy	Cheese and milk	
Vegetable(s)	Lettuce	
Fruit(s)	Pineapple slices	