



# Lesson Log

Participant Name \_\_\_\_\_ ID# \_\_\_\_\_

Staff Name \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Exit Date \_\_\_\_\_

Lesson Topic	Check If <input checked="" type="checkbox"/> Needed	Date Taught	Lesson Type		Comments/Demonstration
			Indiv.	Group	
<b>1. Enrollment/Survey/Food Recall</b>	<input checked="" type="checkbox"/>				
<b>2. Food Guide Pyramid</b>	<input type="checkbox"/>				
<b>3. Bread, Cereal, Rice, and Pasta</b>	<input type="checkbox"/>				
Frozen Bread Dough	<input type="checkbox"/>				
Master Mix	<input type="checkbox"/>				
Folacin	<input type="checkbox"/>				
<b>4. Vegetables</b>	<input type="checkbox"/>				
Vegetable Cookery	<input type="checkbox"/>				
Vitamin A	<input type="checkbox"/>				
<b>5. Fruit</b>	<input type="checkbox"/>				
Vitamin C	<input type="checkbox"/>				
Fiber	<input type="checkbox"/>				
<b>6. Milk, Yogurt, and Cheese</b>	<input type="checkbox"/>				
Calcium	<input type="checkbox"/>				
<b>7. Meat, Poultry, and Fish</b>	<input type="checkbox"/>				
Iron	<input type="checkbox"/>				
Low-fat choices and preparation	<input type="checkbox"/>				
<b>8. Meat Alternatives – Dry Beans, Eggs, and Nuts</b>	<input type="checkbox"/>				
Protein	<input type="checkbox"/>				
<b>9. Meal Planning</b>	<input type="checkbox"/>				
<b>10. Stretching Your Food \$</b>	<input type="checkbox"/>				
Leftovers	<input type="checkbox"/>				

