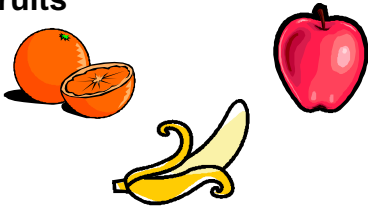
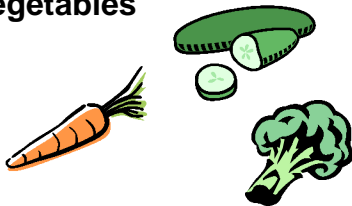

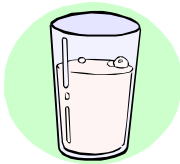
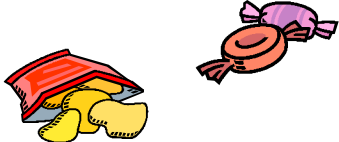


★ My Food Record ★

Name: _____

Date: _____

After you eat a meal or snack, put a star in the box next to the food group that you ate a food from.

Food Group	Breakfast	Lunch	Dinner	Snacks
Fruits 				
Vegetables 				
Cereals/Low Protein Breads and Pastas 				
Formula 				
Snack Items 				



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