**FOOD RECORDS**

**Directions:** In each box please write the food consumed, the amount (cups, ounces, tbsp, etc) and the time the meal or snack was eaten for each day of the week.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | BREAKFAST | SNACK | LUNCH | SNACK | DINNER | SNACK |
| SUNDAY |  |  |  |  |  |  |
| MONDAY |  |  |  |  |  |  |
| TUES |  |  |  |  |  |  |
| WED. |  |  |  |  |  |  |
| THURS. |  |  |  |  |  |  |
| FRIDAY |  |  |  |  |  |  |
| SAT. |  |  |  |  |  |  |

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEEKLY GOALS:

1.

2.

3.

4.

MEAL PLAN