



Name _____

School Classroom Version

FAMILY HANDOUT FAMILY MEALTIME CHALLENGE TRACKING FORM

School/city _____ County _____ Month/year _____/_____/_____

Turn in this form to your teacher by _____/_____/_____ (date).

Class Goal _____

Our Family Mealtime Goal _____

On each day, mark with an "X" the number of times you ate with all immediate family members present.
(If you ate breakfast *and* dinner as a family, mark that day with two X's.) Nutrition experts suggest that you aim for five family mealtimes per week.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL FAMILY MEALTIMES FOR THE WEEK	PARENT SIGNATURE

Total number of family mealtimes for the month _____

Did you eat more family meals together this month compared with the usual? Yes No

For recipes and tips, visit www.ndsu.edu/eatsmart or visit the menu planner at www.ChooseMyPlate.gov

NDSU EXTENSION SERVICE

Visit North Dakota 4-H on-line at: www.ext.nodak.edu/4h/4-h.htm