

Menu Planning with Guardian Input Procedure

1. During Phase-In, all parents will review and comment on a sample menu, Menu Evaluation and complete a Menu Guardian Input Survey relaying their child's eating preferences/ experiences.
2. The Evaluation and Survey will be collected and tallied per indicator.
3. The outcomes total for each indicator will be considered in the decision for each monthly menu planning.

Print Evaluation/Survey -front & back.
Print sample Menu-stand alone.

UCHRA Van Buren County Head Start

Menu Evaluation

Date: _____

Dear Parents:

This letter is in regards to the menu that you have received for our first Month of school showing what the children will be served for meals and snacks while at Head Start.

Please take a few minutes of your time to offer suggestions or recommendations, so that we may use your input in the future planning process. Also, please keep in mind that any time during the school year, we value your input into the nutrition program at Head Start. If you have any suggestions or recommendations in the future or would like to become more involved in the nutrition program, please do not hesitate to contact us.

Thank you for your time,
Health/Disability Service Specialist

Menu Evaluation

Does the menu contain foods which are liked by your child?	Yes	No
Are enough hot foods included?	Yes	No
Are enough cold foods included?	Yes	No
Is there enough variety of color, flavor, texture, and taste?	Yes	No
Have enough raw fruits and vegetables been included?	Yes	No
Is there a good variety of different types of foods?	Yes	No
Are there enough finger foods included?	Yes	No
Are there new foods included on the menu which your child has never or rarely ever eaten?	Yes	No
Have enough natural juices been included?	Yes	No
Have you been surprised by any food choices?	Yes	No

What foods have you been surprised by and why?

Breads/Grains:

Check here ___ if your child **eats the majority** of this food group.

Place an "x" next to items that your child **does NOT like** or has NOT tried.

Muffins	Crackers	Wheat Bread	Cinnamon Toast
Vanilla Wafers	Graham Crackers	Cornbread	Rolls
Biscuits	Wheat Crackers	Macaroni/Pasta	Rice
Stuffing	Dry cereals	Raisin Toast	

Fruits:

Check here ___ if your child **eats the majority** of this food group.

Place an "x" next to items that your child does NOT like or has NOT tried.

Apple/Juice	Watermelon	Grapefruit/Juice	Prunes
Peaches	Raspberries	Orange/Juice	Plums
Blueberries	Orange Sections	Cherries	Raisins
Avocado	Pineapple	Apricots	
Cantaloupe	Grape/Juice	Strawberries	
Bananas	Tomato/Juice	Tangerine Sections	

Meats/Meat Alternatives/Proteins:

Check here ___ if your child **eats the majority** of this food group.

Place an "x" next to items that your child does NOT like or has NOT tried.

Milk	Eggs	Beef patty	Turkey
Sausage	Ham	Pizza	Fish
Bacon	Chili	Cheese	
Pinto Beans	Ground Beef	Chicken	
Pork Chop	Stewed/Roasted Beef	Tofu	

Vegetables:

Check here ___ if your child **eats the majority** of this food group.

Place an "x" next to items that your child does NOT like or has NOT tried.

Cauliflower	Beets	Chickpeas	Squash
Corn	Cucumber	Cabbage	Green Beans
Broccoli	Potatoes	Spinach	
Asparagus	Turnip Greens	Carrots Raw/Cooked	
Sweet Potatoes	Lima Beans	Green Peas	

PLEASE LIST ANY OTHER FOODS THAT YOUR CHILD MIGHT NOT LIKE TO EAT OR ANY COMMENTS THAT YOU MIGHT LIKE TO GIVE :

Please sign and return to the Health & Disability Services Specialist. Thank you for your assistance..

Signature

Date