

Community Eligibility Option Evaluation

Menu Survey

Attach School ID Label

**If you have questions or need assistance, please call
Abt's toll-free number: 855-759-5752**

The Community Eligibility Option Evaluation is being conducted for the:

Food and Nutrition Service
US Department of Agriculture
3101 Park Center Drive
Alexandria, Virginia 22301

By:

Abt Associates Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Community Eligibility Option Evaluation

Daily Meal Counts Form—CEO Schools

School Name: _____ **Date** (*1st day of Target Week*): _____

Instructions: In the boxes for **Reimbursable Lunches** and **Reimbursable Breakfasts**, please write in the **number of USDA reimbursable meals served** in your school each day of the target week. Do *not* include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.

Number of Reimbursable Lunches Served

Day of Week	Total
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Number of Reimbursable Breakfasts Served

Day of Week	Total
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Community Eligibility Option Evaluation

Daily Meal Counts Form—Non-CEO Schools

School Name: _____ **Date** (*1st day of Target Week*): _____

Instructions: In the boxes for **Reimbursable Lunches** and **Reimbursable Breakfasts**, please write in the **number of USDA reimbursable meals served** in your school each day of the target week. Please write the number of free meals, reduced-price meals, and full-price meals, as well as the total number of meals. Do *not* include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.

Number of Reimbursable Lunches Served

Day of Week	Free	Reduced-Price	Full-Price	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Number of Reimbursable Breakfasts Served

Day of Week	Free	Reduced-Price	Full-Price	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Community Eligibility Option Evaluation

Reimbursable Food Form: Breakfast

School Name: _____

Day of the Week: Mon Tue Wed Thu Fri

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size <i>(include units)</i>	Number of Servings Planned <i>(reimbursable only)</i>	Manufacturer/Brand Name and Product Code <i>(if applicable)</i>	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
MILK <i>(Note: if more than one size is available, list in blank spaces)</i>							
White, 1%	fl oz.						
White, fat-free/skim	fl oz.						
Chocolate fat-free/skim	fl oz.						
Flavored fat-free/skim	fl oz.			<i>Specify flavor:</i>			
FRUIT <i>(Note: Prelisted entries should be used for fruit that is served as purchased. If anything is added before serving, list as separate item and complete RECIPE FORM)</i>							
Apple, fresh					<input type="checkbox"/>		
Banana, fresh							
Blueberries	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Grapes, fresh							
Orange, fresh					<input type="checkbox"/>		
Peaches, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

CEO C_15 Menu Survey

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
JUICES (Note: prelisted entries should be used only for 100% fruit and vegetable juice. List fruit drinks under "Other Menu Items" section.)							
Orange juice	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Apple juice	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
COLD CEREALS							
Cheerios – Plain	oz.						
Cheerios – Honey Nut	oz.						
Cinnamon Toast Crunch	oz.						
Golden Grahams	oz.						
Trix	oz.						
Special K	oz.						
Frosted Flakes	oz.						
Lucky Charms	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						

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Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
HOT CEREALS (Note: if prepared with fat and/or milk, complete RECIPE FORM)							
Cream of Wheat	oz.			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg		<input type="checkbox"/>	
Grits	oz.			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
Oatmeal	oz.			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
	oz.				<input type="checkbox"/>	<input type="checkbox"/>	
	oz.				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER BREADS AND GRAINS OFFERED SEPARATELY							
Bagel	oz.			Type: <input type="checkbox"/> Whole grain			
Biscuit	oz.			Type: <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Doughnut	oz.			Type: <input type="checkbox"/> Icing/glaze <input type="checkbox"/> No icing/glaze			
English muffin	oz.			Type: <input type="checkbox"/> Whole grain <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		<input type="checkbox"/>	
Granola/cereal bar	oz.			Specify type(s):			
Muffin	oz.			Specify type(s):		<input type="checkbox"/>	
Pancake	oz.			Weight of each:	<input type="checkbox"/>	<input type="checkbox"/>	
Roll, cinnamon	oz.			<input type="checkbox"/> Icing <input type="checkbox"/> No icing		<input type="checkbox"/>	
Toast	oz.			Type: <input type="checkbox"/> Whole grain <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		<input type="checkbox"/>	
Toaster pastry	oz.			<input type="checkbox"/> Icing <input type="checkbox"/> No icing			
Waffle/waffle sticks				Weight of each/stick: oz.	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

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Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/Brand Name and Product Code (if applicable)	Food Description When describing food, include information about type, form, flavor, and fat content	USDA Commodity?	Recipe?	ABT USE ONLY
MEAT AND MEAT ALTERNATES OFFERED SEPARATELY							
Bacon	slices			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey			
Eggs				<input type="checkbox"/> Boiled <input type="checkbox"/> Fried <input type="checkbox"/> Scrambled If prepared with fat and/or milk, complete RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Ham	oz.			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Sausage	oz.			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey <input type="checkbox"/> Beef			
Yogurt	oz.			Specify flavors: <input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free <input type="checkbox"/> Low-cal sweetener			
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
COMBINATION BREAD/MEAT ITEMS							
Entrée bar	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
Breakfast burrito	oz.			Specify fillings:		<input type="checkbox"/>	
Cheese sandwich, toasted	1 sandwich			<input type="checkbox"/> Bagel <input type="checkbox"/> English muffin <input type="checkbox"/> White bread <input type="checkbox"/> Whole wheat bread		<input type="checkbox"/>	
Egg sandwich	1 sandwich			<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: <input type="checkbox"/> Bagel <input type="checkbox"/> English muffin <input type="checkbox"/> White bread <input type="checkbox"/> Whole wheat bread		<input type="checkbox"/>	
French toast						<input type="checkbox"/>	
French toast sticks	ea.			Weight of each stick: oz.			
Pancake/sausage on a stick	oz.			Weight of each stick: oz.			
Breakfast pizza	oz.			Specify toppings:		<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

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Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
COMBINATION BREAD/MEAT ITEMS (continued)							
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
CONDIMENTS (Include size if single-serve item)							
Self-Serve Bar	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
Butter							
Cream cheese				<input type="checkbox"/> Reg <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free			
Gravy				<input type="checkbox"/> Reg <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>	
Jelly							
Ketchup							
Margarine							
Salsa					<input type="checkbox"/>	<input type="checkbox"/>	
Syrup				<input type="checkbox"/> Reg <input type="checkbox"/> Low sugar <input type="checkbox"/> Sugar-free		<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
OTHER MENU ITEMS							
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Community Eligibility Option Evaluation

Reimbursable Food Form: Lunch

School Name: _____

Day of the Week: Mon Tue Wed Thu Fri

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size <i>(include units)</i>	Number of Servings Planned <i>(reimbursable only)</i>	Manufacturer/ Brand Name and Product Code <i>(if applicable)</i>	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
MILK <i>(Note: if more than one size is available, list in blank spaces)</i>							
White, 1%	fl oz.						
White, fat-free/skim	fl oz.						
Chocolate fat-free/skim	fl oz.						
Flavored fat-free/skim	fl oz.			<i>Specify flavor:</i>			
FRUIT <i>(Note: Prelisted entries should be used for fruit that is served as packaged. If anything is added before serving, list as separate item and complete RECIPE FORM)</i>							
Apple, fresh					<input type="checkbox"/>		
Banana, fresh							
Grapes, fresh							
Orange, fresh					<input type="checkbox"/>		
Pears, fresh					<input type="checkbox"/>		
Applesauce, canned	cup			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Fruit cocktail, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Peaches, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Pears, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Pineapple, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water			

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A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
FRUIT <i>(continued)</i>					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
JUICES <i>(Note: prelisted entries should be used only for 100% fruit and vegetable juice. Fruit drinks are included in "Desserts, Drinks, and Snacks" section.)</i>							
Orange juice	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Apple juice	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added			
Frozen juice cup / bar	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added			
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
VEGETABLES							
Beans, green	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added <i> ↳ Specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Broccoli	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added <i> ↳ Specify</i>		<input type="checkbox"/>	
Carrots, cooked	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added <i> ↳ Specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Corn, kernels	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added <i> ↳ Specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Peas, green	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added <i> ↳ Specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	

CEO C_15 Menu Survey

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
VEGETABLES (continued)							
Potatoes, whipped or mashed	cup			<input type="checkbox"/> From fresh <i>If prepared with fat and/or milk, use RECIPE FORM</i>	<input type="checkbox"/>	<input type="checkbox"/>	
French fries	oz.			<input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried		<input type="checkbox"/>	
Tater tots or shapes	oz.			<input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried		<input type="checkbox"/>	
Salad bar (non-entrée or small portion)	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
Salad, tossed	cup			<i>List dressing as separate item or complete RECIPE FORM</i>		<input type="checkbox"/>	
Carrot sticks				<i>If offered, list dip as separate item(s) or complete RECIPE FORM</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Celery sticks						<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
ENTREES OTHER THAN SANDWICHES OR SELF-SERVE BARS (Exclude specialty lunches, such as those offered only to children with certain allergies or the inability to pay.)							
Pizza, cheese	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>	
Pizza, French bread	oz.			<input type="checkbox"/> Whole grain crust		<input type="checkbox"/>	
Pizza, pepperoni	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>	
Pizza, sausage	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>	
Pizza, other specify	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>	
Pizza, other specify	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>	
Chicken patties (not sandwich)	oz.			<input type="checkbox"/> Breaded <input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried			

CEO C_15 Menu Survey

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Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
ENTREES OTHER THAN SANDWICHES OR SELF-SERVE BARS <i>(continued)</i>							
Chicken piece(s) <i>(specify part)</i> _____ <i>(specify part)</i> _____				<input type="checkbox"/> Breaded <input type="checkbox"/> With skin <input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken nuggets	ea.			<input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried Weight of each nugget: oz.			
Turkey, slice	oz.				<input type="checkbox"/>		
Ham, slice	oz.			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Corndog	oz.			<input type="checkbox"/> All beef <input type="checkbox"/> Pork & beef <input type="checkbox"/> Chicken or turkey			
Burrito	oz.			<i>Specify fillings:</i>		<input type="checkbox"/>	
Taco				<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <i>Specify filling:</i>		<input type="checkbox"/>	
Spaghetti with meat sauce	cup					<input type="checkbox"/>	
Chef's salad	1 salad					<input type="checkbox"/>	
Yogurt (as meat alternate)	oz.			<i>Specify flavors:</i> <input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free <input type="checkbox"/> Low-cal sweetener			
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

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Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
SANDWICHES & BURGERS: Describe contents of each sandwich in space at right.			For each sandwich type, complete a Recipe Form or record information for sandwich below including type and weight of bread; type and amount of filling; type and amount of any additions. Provide recipe if needed, such as for Tuna Salad. See Instruction Manual for examples.				
Sandwich/deli bar	Self-serve	<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM (See Instruction Manual for examples.)</i>					
Hamburger	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Cheeseburger	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Hot dog	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Italian sub	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Chicken filet or breast (not breaded)	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Chicken patty (breaded)	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Rib, barbeque	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Turkey	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Tuna salad	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Cheese, grilled	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Ham and cheese	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Peanut butter (or almond, sesame, or sun butter) & jelly	1 sandwich		<i>Do not record sandwich if not available to ALL students.</i>		<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	

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Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
SELF-SERVE ENTRÉE BARS							
Entrée salad bar (or large portion)	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
Potato bar	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
Nacho/taco bar	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
BREADS AND GRAINS OFFERED SEPARATELY							
Biscuit	oz.			Type: <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Bread, plain	oz.			Type: <input type="checkbox"/> Whole grain			
Bread, buttered	oz.			Type: <input type="checkbox"/> Whole grain <input type="checkbox"/> Margarine <input type="checkbox"/> Butter			
Breadstick	oz.			Type: <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Cornbread	oz.					<input type="checkbox"/>	
Crackers	ea.			Type: <input type="checkbox"/> Whole grain			
Rice	cup			Type: <input type="checkbox"/> Brown	<input type="checkbox"/>	<input type="checkbox"/>	
Roll	oz.			Type: <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Pasta	cup			Type: <input type="checkbox"/> Whole grain	<input type="checkbox"/>	<input type="checkbox"/>	
Pretzels	oz.			<input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Tortilla	oz.			Type: <input type="checkbox"/> Whole grain	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF THE REIMBURSABLE MEAL							
Brownie						<input type="checkbox"/>	
Cake				<i>Specify type:</i>		<input type="checkbox"/>	
Cookie	oz.			<i>Specify type:</i>		<input type="checkbox"/>	
Fruit drink	fl oz.			<i>Specify type: Specify % juice content:</i>			
Gelatin, plain	cup						

CEO C_15 Menu Survey

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF THE REIMBURSABLE MEAL <i>(continued)</i>							
Gelatin, with fruit	cup					<input type="checkbox"/>	
Potato chips	oz.			<i>Specify type:</i>			
Yogurt	oz.			<i>Specify flavors:</i> <input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free <input type="checkbox"/> Low-cal sweetener			
Pudding	oz.			<i>Flavor:</i>		<input type="checkbox"/>	
Ice cream / ice milk	fl oz.			<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
SALAD DRESSINGS							
French dressing				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
Italian dressing				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
Ranch dressing				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
OTHER CONDIMENTS <i>(Include size of packet if single-serve. Write "Self -Serve" if students can choose the portion.)</i>							
Self-serve bar	Self-Serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM (See Instruction Manual for examples.)</i>				
Barbeque sauce						<input type="checkbox"/>	
Butter							
Cream cheese				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free			
Gravy				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
Honey							
Ketchup							
Margarine							
Mayonnaise				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free			
Mustard							

CEO C_15 Menu Survey

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Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
Tartar sauce				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
OTHER CONDIMENTS (Continued)							
Peppers, jalapeno							
Pickles, relish							
Pickles, slices							
Ranch dip				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
Salsa					<input type="checkbox"/>	<input type="checkbox"/>	
Sour cream				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free			
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
OTHER MENU ITEMS							
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
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					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

CEO C_15 Menu Survey

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
					<input type="checkbox"/>	<input type="checkbox"/>	

Self-Serve and Made-to-Order Bar Form

Meal (Circle one): **Breakfast** **Lunch**

Name of Bar: _____

Day(s): 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

A.	B.	C.	D.	E.	F.	G.
Food Item	Portion size <i>(If pre-portioned, include units)</i>	Manufacturer/Brand Name & Product Code <i>(if applicable)</i>	Food Description <i>Include the following information: Type, Form, Flavor, Fat content (See instruction manual for examples of each)</i>	USDA Commodity?	Recipe? *	ABT USE ONLY
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
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				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

****For each recipe, record recipe details on a Recipe Form***

Reimbursable Food Form: Lunch

Community Eligibility Option Evaluation

Recipe Forms

The Community Eligibility Option Evaluation is being conducted for the:

Food and Nutrition Service
US Department of Agriculture
3101 Park Center Drive
Alexandria, Virginia 22301

By:

Abt Associates Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

Recipe Form *(Side 1)*

Recipe/Food name: _____ Size of one serving *(include units)*: _____

Meal: 1 Breakfast 2 Lunch

This recipe makes _____ servings

Day(s): 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

Recipe Attached: (Please fill out Side 2)

A. Ingredient Name	B. Amount in Recipe <i>(Include units)</i>	C. Manufacturer/Brand Name and Product Code	D. <i>Include the following information: Type, Form, Flavor, Fat content (See instruction manual for examples of each)</i> Ingredient Description	E. USDA Commodity?	F. Recipe?	G. ABT USE ONLY
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
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				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Recipe Form *(Side 2)*

Preparation Information

Please check () the boxes below to describe the procedures used in preparing this recipe.

1. If recipe was cooked, what cooking method did you use? (CHECK ALL THAT APPLY)

- 1 Bake/roast
- 2 Oven heat
- 3 Microwave/warmer
- 4 Broil/grill
- 5 Pan fry/sauté 10 Floured 11 Battered
- 6 Deep fry 12 Floured 13 Battered
- 7 Boil
- 8 Steam
- 9 Other (*Specify*):

n Does not apply to recipe

2. If recipe contains meat or poultry, was amount measured raw or cooked?

- n Does not apply to recipe → **SKIP TO Q.4**
- 1 Raw
- 2 Cooked

3. If recipe contains meat or poultry, did you . . .

CHECK ALL THAT APPLY

	Yes	No	Does not apply to recipe
Trim the visible fat?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
Drain fat after cooking?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
Remove skin before cooking?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

4. If recipe contains noodles, rice, or vegetables, did you add salt to the cooking water?

	Yes	No	Does not apply to recipe
Noodles/pasta or rice.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
Vegetables.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

5. If recipe contains canned vegetables or canned fruit, did you drain off all of the liquid?

- 1 Yes 0 No n Does not apply to recipe

Comments

