**P3. GROUP 2—MILK FORM (INTERVIEWER-COMPLETED)**

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Milk Form

**OMB Clearance Number:** 0584-XXXX

**Expiration Date:** XX/XX/XXXX

|  |  |
| --- | --- |
| **School Name:** | **School Mathematica ID:** |
| **Interviewer ID #:** | **Date:** |

**INTERVIEWER:** COMPLETE FORM AND ATTACH TO SCHOOL MENU.

|  |  |  |  |
| --- | --- | --- | --- |
| **Milk Type** | **% Fat** | Container or Cap Color | **Container Size** |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |

