

EVALUATION OF THE CANNED, FROZEN, OR DRIED FRUITS AND VEGETABLES PILOT PROJECT IN THE FFVP  
Appendix C3d. SCHOOL – LEVEL REIMBURSABLE FRUIT AND VEGETABLE FORM

				OMB Control No: 0584-XXXX	
				Expiration date: XX/XX/XXXX	
School – Level Reimbursable Fruit and Vegetable Form:		1 <input type="checkbox"/> Breakfast	2 <input type="checkbox"/> FFVP Snacks-AM	3 <input type="checkbox"/> Lunch	4 <input type="checkbox"/> FFVP Snacks-PM
Date: ____ / ____ / ____	Record the Day	1 <input type="checkbox"/> Mon	2 <input type="checkbox"/> Tue	3 <input type="checkbox"/> Wed	4 <input type="checkbox"/> Thu 5 <input type="checkbox"/> Fri
School ID:	Observer ID:	Observer Name:			
School Name:	FSM Name:				

A. Food Item	B. Served at This Meal or Snack	C. Portion Size (Include Units)	D. Food Description	E. Number of Reimbursable Portions Served
<b>FRUIT</b>				
Apple	<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Dried	
Applesauce, canned	<input type="checkbox"/>	cup	<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	
Apricots	<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Dried IF PACKED IN SYRUP, JUICE OR WATER: <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	
Banana	<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Dried	
Blueberries	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Cantaloupe, fresh	<input type="checkbox"/>			
Cranberries, dried / Craisins	<input type="checkbox"/>	cup		
Grapes, fresh	<input type="checkbox"/>			
Honeydew melon, fresh	<input type="checkbox"/>			
Kiwis, fresh	<input type="checkbox"/>			
Nectarines, fresh	<input type="checkbox"/>			
Oranges, fresh	<input type="checkbox"/>			
Peaches	<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried IF PACKED IN SYRUP, JUICE OR WATER: <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	
Pears	<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried IF PACKED IN SYRUP, JUICE OR WATER: <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	

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<b>FRUITS, continued</b>				
<i>LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS</i>				
Pineapple	<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	
Plums	<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	
Raisins	<input type="checkbox"/>			
Strawberries	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	
Tangerines, fresh	<input type="checkbox"/>			
Watermelon, fresh	<input type="checkbox"/>			
Mixed fruit	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	
Other (Specify):	<input type="checkbox"/>			
Other (Specify):	<input type="checkbox"/>			
Other (Specify):	<input type="checkbox"/>			
<b>JUICES (Note: Include only full-strength (100%) fruit and vegetable juice. DO NOT include fruit drinks.)</b>				
Orange juice	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	
Apple juice	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	
Frozen juice cup/bar	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	
Other (Specify):	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	
Other (Specify):	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	
Other (Specify):	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	
<b>VEGETABLES</b>				
Baked beans		cup	<input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork	
Beans, green	<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, specify type_____	
Beans, other(specify):_____	<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> From dry	

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			<input type="checkbox"/> Fat added, specify type_____	
<b>VEGETABLES, continued</b>				
			<i>LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS</i>	
Broccoli	<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, specify type_____	
Carrots	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, specify type_____	
Cauliflower	<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, specify type_____	
Celery	<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked	
Cucumber	<input type="checkbox"/>			
Corn	<input type="checkbox"/>	cup	<input type="checkbox"/> From Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, specify type_____	
Jicama	<input type="checkbox"/>		<input type="checkbox"/> Fresh /raw	
Peas, green	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen	
Peppers, green	<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen	
Peppers, orange, red, or yellow	<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen	
Potatoes, whipped or mashed	<input type="checkbox"/>	cup	<input type="checkbox"/> From Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <input type="checkbox"/> Fat added, specify type_____	
French fries	<input type="checkbox"/>	oz.	<input type="checkbox"/> From Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	
Tater tots or shapes	<input type="checkbox"/>	oz.	<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	
Sweet potatoes	<input type="checkbox"/>		<input type="checkbox"/> From Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, specify type_____ <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	
Tomatoes	<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen	
Mixed vegetables	<input type="checkbox"/>	cup	<input type="checkbox"/> From fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> From dry <input type="checkbox"/> Fat added, specify type_____	
Salad, tossed	<input type="checkbox"/>	cup		
Other (Specify):	<input type="checkbox"/>			
Other (Specify):	<input type="checkbox"/>			
Other (Specify):	<input type="checkbox"/>			

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<b>SELF-SERVE BARS</b>				
<i>LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS</i>				
Potato bar	<input type="checkbox"/>		List other vegetables offered:	
Salad bar (side or small portion)	<input type="checkbox"/>		List fruits and vegetable offered:	
Salad bar (entrée or large portion)	<input type="checkbox"/>		List meat/meat alternates, fruits, and vegetable offered:	
Other (Specify): _____	<input type="checkbox"/>		List meat/meat alternates, fruits, and vegetable offered:	
<b>MILK</b>				
White, fat-free/skim	<input type="checkbox"/>	fl oz.		
White, 1%	<input type="checkbox"/>	fl oz.		
Chocolate, fat-free/skim	<input type="checkbox"/>	fl oz.		
Other flavor (Specify): _____	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1%	
Other (Specify): _____	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1%	
Other (Specify): _____	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1%	
<b>SANDWICHES</b>				
<small>PLEASE INCLUDE TYPE OF BREAD TYPE AND AMOUNT OF FILLING, AND ANY ADDED FAT OR SAUCE</small>				
	<input type="checkbox"/>	1 sandwich		
	<input type="checkbox"/>	1 sandwich		
	<input type="checkbox"/>	1 sandwich		
	<input type="checkbox"/>	1 sandwich		
	<input type="checkbox"/>	1 sandwich		
<b>ENTREE SALADS</b>				
<small>PLEASE LIST TYPE AND AMOUNT OF MEAT/MEAT ALTERNATES, FRUIT AND VEGETABLES, AND OTHER MAIN INGREDIENTS.</small>				
<small>ALSO, LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS.</small>				
Chef's salad (entrée)	<input type="checkbox"/>	1 salad		

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	<input type="checkbox"/>	1 salad		
	<input type="checkbox"/>	1 salad		
<b>OTHER ENTREES AND MEAT/MEAT ALTERNATES</b>				
	<input type="checkbox"/>		<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce (Specify): _____	
	<input type="checkbox"/>		<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce (Specify): _____	
	<input type="checkbox"/>		<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce (Specify): _____	
	<input type="checkbox"/>		<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce (Specify): _____	
	<input type="checkbox"/>		<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce (Specify): _____	
<b>BREADS AND GRAINS OFFERED SEPARATELY</b>				
	<input type="checkbox"/>		Specify type: _____ <input type="checkbox"/> Whole grain -rich <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Fat added (Specify): _____	
	<input type="checkbox"/>		Specify type: _____ <input type="checkbox"/> Whole grain -rich <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Fat added (Specify): _____	
	<input type="checkbox"/>		Specify type: _____ <input type="checkbox"/> Whole grain -rich <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Fat added (Specify): _____	
<b>DESSERTS AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL</b>				
	<input type="checkbox"/>		<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat	
	<input type="checkbox"/>		<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat	
	<input type="checkbox"/>		<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat	

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	<input type="checkbox"/>		<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat	
<b>DESSERTS AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL, continued</b>				
	<input type="checkbox"/>		<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat	
	<input type="checkbox"/>		<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat	
<b>CONDIMENTS AND SALAD DRESSINGS</b>				
	<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free	
	<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free	
	<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free	
	<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free	
	<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free	
	<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free	
	<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free	
	<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free	
<b>BREAKFAST CEREAL</b>				
Name of cereal: _____	<input type="checkbox"/>		<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular	
Name of cereal: _____	<input type="checkbox"/>		<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular	
Name of cereal: _____	<input type="checkbox"/>		<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular	
Name of cereal: _____	<input type="checkbox"/>		<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular	
<b>OTHER MENU ITEMS</b>				
	<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"/>			

NOTES: