

**FRUITS AND VEGETABLES PROGRAM - SCHOOL- LEVEL
 NUTRITION EDUCATION AND PROMOTION MATERIAL AND MENU COLLECTION FORM**

1. Your Name:
2. Name of School:
3. Target Week Dates: From ___ / ___ /20___ To ___ / ___ /20___

4. Please staple a copy of the **school menu** for the target week. Check box if attached

5. Please mark all nutrition education activities and nutrition promotion materials present in the **cafeteria**, in column A. Then for each type of material that is present, please answer column B.

A.	B.	
What types of nutrition education activities and nutrition promotion materials are present? <i>Mark all that apply</i>	Are the materials related to fruits and/or vegetables?	
<input type="checkbox"/> Nutrition poster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nutrition display	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Staff encouraging students to consume fruits or vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Taste testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> None		
<input type="checkbox"/> Not applicable		

6. Please mark all nutrition education and nutrition promotion materials present in **other food service areas**, in column A. Then for each type of material that is present, please answer column B.

A.	B.	
What types of nutrition promotion materials are present? <i>Mark all that apply</i>	Are the materials related to fruits and/or vegetables?	
<input type="checkbox"/> Nutrition poster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nutrition display	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> None		
<input type="checkbox"/> Not applicable		