

**CLASSROOM AND STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

1. Observer ID:			
2. Name of School:			
3. Classroom Number:		Classroom ID:	
4. Teacher Name:			
5. Grade:	<input type="checkbox"/> 4th	<input type="checkbox"/> 5th	<input type="checkbox"/> 6th
6. Students in this classroom had <b>breakfast</b> from	__ __ : __ __  AM	to	__ __ : __ __  AM
7. Students in this classroom had <b>lunch</b> from	__ __ : __ __  AM / PM	to	__ __ : __ __  AM / PM
8. Please mark all nutrition education activities and nutrition promotion material present in the <b>classroom</b> , in column A. Then for each type of activity or education materials present, please answer column B.			
<b>A.</b>	<b>B.</b>		
<b>What types of nutrition education and promotion material are present?</b> <i>all that apply</i>	<b>Are the activities or materials related to fruits and/or vegetables?</b>		
<i>Mark</i>			
<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			

**Observer Notes:**

NOTE: This booklet contains three pages for each day.

**For each day**, answer questions 1-9a on page 2.

Record observations regarding **Fruits** and Vegetables on pages 3-4.

On page 4, complete **child-level observations** each time snacks are served.

**CLASSROOM AND STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

1 Today's Date _____/_____/_____		<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.			
2 Were free fruit and vegetable snacks offered today? Please check one box for AM snack and another for PM snack If the answer is <b>no</b> , stop. If the answer to AM or PM is <b>yes</b> then go to question 3		<b>In the AM?</b>		<b>In the PM?</b>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 Time(s) of day snacks offered in AM and / or PM		<b>Offered at</b>	____:____AM	<b>Offered at</b>	____:____PM
4 For each time free fruits and vegetables were offered, check all locations where fruits and vegetables were distributed to students in the sampled classroom.		<input type="checkbox"/> Classroom <input type="checkbox"/> Kiosk <input type="checkbox"/> Free vending machine <input type="checkbox"/> Cafeteria <input type="checkbox"/> In nurse or administrator office(s) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Classroom <input type="checkbox"/> Kiosk <input type="checkbox"/> Free vending machine <input type="checkbox"/> Cafeteria <input type="checkbox"/> In nurse or administrator office(s) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
5 For each time free fruits and vegetables were offered, check all locations <b>where students in the sampled classroom ate the fruit and vegetable snacks.</b>		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other (Specify) _____	
6 Were free FFVP fruit and vegetable snacks offered as part of a nutrition education activity today? Please check one box for AM snack and another for PM snack		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7 Were staff providing nutrition education today?		<input type="checkbox"/> Yes	<input type="checkbox"/> No → GO TO Q.8		
7a Was this activity related to fruits and/or vegetables?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8 Were staff encouraging students to consume nutritious food today?		<input type="checkbox"/> Yes	<input type="checkbox"/> No → GO TO Q.9		
8a Was this related to fruits and/or vegetables?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9 Was there taste testing today?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9a Was this activity related to fruits and/or vegetables?		<input type="checkbox"/> Yes	<input type="checkbox"/> No → GO TO INSTRUCTIONS BELOW		

**OBSERVER INSTRUCTIONS**

For **AM** observations  
In Column B, mark if served at this snack. In Column C, if applicable, check the form of the fruit or vegetable. In Column D record the number of portions that were provided to the class and then enter the number of portions left over after the students took the snacks or were served.

For **PM** observations  
In Column B, mark if served at this snack. In Column C, if applicable, check the form of the fruit or vegetable. In Column E record the number of portions that were provided to the class and then enter the number of portions left over after the students took the snacks or were served.

**OBSERVER NOTES:**

**CLASSROOM AND STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

A.	B.	C.	D. AM SNACK		E. PM SNACK	
FOOD ITEM	Served at this Snack		# of Portions Provided to Class	# of Portions Left Over	# of Portions Provided to Class	# of Portions Left Over
<b>FRUITS</b>						
Apples	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried IF FRESH: <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Applesauce, canned	<input type="checkbox"/>					
Apricots	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____ IF FRESH: <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Bananas	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried IF FRESH: <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Blueberries	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____				
Cantaloupe, fresh	<input type="checkbox"/>					
Cranberries / Craisins	<input type="checkbox"/>	<input type="checkbox"/> Dried				
Grapes, fresh	<input type="checkbox"/>					
Honeydew melon, fresh	<input type="checkbox"/>					
Kiwis, fresh	<input type="checkbox"/>	<input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Nectarines, fresh	<input type="checkbox"/>	<input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Oranges, fresh	<input type="checkbox"/>	<input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Peaches	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____ IF FRESH <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Pears	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____ IF FRESH <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Pineapple	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____				
Plums	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____ IF FRESH <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Raisins	<input type="checkbox"/>					
Strawberries	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____				
Tangerines, fresh	<input type="checkbox"/>	<input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Watermelon, fresh	<input type="checkbox"/>					
Mixed fruit	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Other _____				
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____ IF FRESH <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____ IF FRESH <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Other _____ IF FRESH <input type="checkbox"/> Whole <input type="checkbox"/> Cut -up				

**CLASSROOM AND STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

A.  FOOD ITEM	B.  Served at this Snack	C.  <input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked	D. AM SNACK		E. PM SNACK		
			# of Portions Provided to Class	# of Portions Left Over	# of Portions Provided to Class	# of Portions Left Over	
<b>VEGETABLES</b>							
Beans, green	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Beans, other(specify): _____		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Broccoli	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Carrots	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Cauliflower	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Celery, fresh/raw	<input type="checkbox"/>						
Peas, green snap	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Peppers, green	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Peppers, orange, red, yellow	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Tomatoes	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Mixed vegetables	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Cooked					
<b>CONDIMENTS and OTHER ACCOMPANIMENTS</b> Please list all condiments, dips, dressings, or sauces	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
<b>CHILD-LEVEL OBSERVATION</b>							
Student 1 ID: _____ Identifying features or clothing : _____ _____ _____	# portions served	_____					
	# portions added	_____					
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 33%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 33%				
		<input type="checkbox"/> 50% <input type="checkbox"/> 66% <input type="checkbox"/> 75%	<input type="checkbox"/> 50% <input type="checkbox"/> 66% <input type="checkbox"/> 75%				
		<input type="checkbox"/> 100%	<input type="checkbox"/> 100%				
	Did child take condiment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Did child consume condiment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Student 2 ID: _____ Identifying features or clothing : _____ _____ _____	# portions served	_____					
	# portions added	_____					
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 33%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 33%				
		<input type="checkbox"/> 50% <input type="checkbox"/> 66% <input type="checkbox"/> 75%	<input type="checkbox"/> 50% <input type="checkbox"/> 66% <input type="checkbox"/> 75%				
		<input type="checkbox"/> 100%	<input type="checkbox"/> 100%				
	Did child take condiment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Did child consume condiment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Student 3 ID: _____ Identifying features or clothing : _____ _____ _____	# portions served	_____					
	# portions added	_____					
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 33%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 33%				
		<input type="checkbox"/> 50% <input type="checkbox"/> 66% <input type="checkbox"/> 75%	<input type="checkbox"/> 50% <input type="checkbox"/> 66% <input type="checkbox"/> 75%				
		<input type="checkbox"/> 100%	<input type="checkbox"/> 100%				
	Did child take condiment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Did child consume condiment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Student 4 ID: _____ Identifying features or clothing : _____ _____ _____	# portions served	_____					
	# portions added	_____					
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 33%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 33%				
		<input type="checkbox"/> 50% <input type="checkbox"/> 66% <input type="checkbox"/> 75%	<input type="checkbox"/> 50% <input type="checkbox"/> 66% <input type="checkbox"/> 75%				
		<input type="checkbox"/> 100%	<input type="checkbox"/> 100%				
	Did child take condiment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Did child consume condiment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					