

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 breakfast from	_ _ : _ _ AM	to	_ _ : _ _ AM
7. Students in this classroom had lunch from	_ _ : _ _ AM / PM	to	_ _ : _ _ AM / PM
8. Please mark all nutrition education activities and nutrition promotion material present in the classroom , in column A. Then for each type of activity or education materials present, please answer column B.			
A.	B.		
What types of nutrition education and promotion material are present? <i>all that apply</i>	Are the activities or materials related to fruits and/or vegetables?		
<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 no , stop. If the answer to AM or PM is yes then go to question 3		In the AM?		In the PM?	
		<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		Offered at	____:____AM	Offered at	____:____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 where students in the sampled classroom ate the fruit and vegetable snacks.		<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
FRUITS						
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				

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A. FOOD ITEM	B. Served at this Snack	C.	D. AM SNACK		E. PM SNACK	
			# of Portions Provided to Class	# of Portions Left Over	# of Portions Provided to Class	# of Portions Left Over
VEGETABLES						
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				
CONDIMENTS and OTHER ACCOMPANIMENTS Please list all condiments, dips, dressings, or sauces	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

CHILD-LEVEL OBSERVATION

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	