F02.01. MENU SURVEY (GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

F02.01.01 INSTRUCTIONS FOR THE MENU SURVEY (GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

2024-2025 National School Foods Study

Instructions for the Menu Survey

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

INTRODUCTION FOR THE MENU SURVEY

Thank you for participating in the **2024-2025 National School Foods Study**. Without your help, and the help of school nutrition professionals like you across the country, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods prepared and served by your school nutrition program, including foods offered in reimbursable meals and in afterschool snacks/suppers, as well as foods sold outside of reimbursable meals. You will complete the survey forms during a specified time period, referred to as the "target week." *The target week for your school is shown on the front of the Menu Survey Folder.*

The information you provide will be combined with information from many other schools across the country and will be used to examine the food and nutrient content of school meals and afterschool snacks, as well as foods sold outside of reimbursable meals. The information you provide will also be used to estimate the cost of producing reimbursable meals for the National School Lunch Program and School Breakfast Program.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing the survey forms. Along with the manual is a set of **sample completed forms** that may be useful when you are completing your own survey forms. Be sure to look over the sample completed forms.

Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

School Nutrition Manager Survey

We have included a survey that asks about school's food service operations (white paper). You can complete this survey on any day you would like and can even complete it prior to the target week.

Daily Meal Counts Form

This one-page form (blue paper) is located behind the first tab inside the Menu Survey Folder. This is a very simple form. All you have to do is write in the number of reimbursable NSLP lunches and SBP breakfasts you served each day of the target week, by reimbursement category. At the bottom of the form, you will record your non-program food sales each day of the week or as a total across the week, by venue (if applicable). Additional instructions are provided at the top of the form.

Reimbursable Foods Forms for Lunch and Breakfast

You will fill out these forms each day of the target week. They are located in colored folders in the Menu Survey Folder labeled by day of the week (Monday forms, Tuesday forms, etc.). There are separate forms for breakfast (yellow paper) and lunch (white paper). You will use these forms to provide information about all foods and beverages offered in reimbursable meals, including portion sizes; the number of portions prepared,

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served in reimbursable meals, sold a la carte or to adults, left over, and wasted; and the food descriptions needed for an accurate nutrient analysis. You will also indicate whether an item was a USDA Food or prepared from a recipe.

Recipe Forms

A booklet of Recipe Forms (grey paper) is located behind the "Recipes" tab in the Menu Survey Folder. You will use the Recipe Forms to provide information on foods made by combining two or more foods or ingredients during the target week. Alternatively, you can provide printed copies of recipes instead of completing these forms.

Self-Serve/Made-to-Order Bar Form

Behind the next tab in the Menu Survey Folder is another booklet of forms (lavender paper) for you to use to provide information about "self-serve" bars, such as salad bars and condiment bars, as well as made-to-order bars such as deli bars. If your school offers self-serve or made-to-order bars, you will use a Self-Serve/Made-to-Order Bar form to describe the foods offered on each bar.

NSLP Afterschool Snack Form

If your school provides reimbursable snacks through the NSLP to one or more afterschool programs, you will fill out the NSLP Afterschool Snack Form (green paper). You will complete one form for each day that afterschool snacks are offered. These forms are similar to but much simpler than the Reimbursable Foods Form.

CACFP Afterschool Snack and Supper Form

If your school provides reimbursable afterschool snacks or suppers through the Child and Adult Care Food Program (CACFP) to one or more afterschool programs, you will fill out the CACFP Afterschool Snack and Supper Form (green paper) to provide information about the items provided in afterschool snacks and/or suppers each day. This includes much of the same information you will be providing on the Reimbursable Foods Form.

Form for Non-Program Foods Sold by School Food Service

If your food service department sells non-program foods—that is, foods and beverages that are sold to students only outside reimbursable meals—you will complete the Form for Non-Program Foods Sold by School Food Service. This form is only for non-program items sold in venues that are operated or stocked by your food service department. You will use this form to provide information about all non-program foods and beverages, including portion sizes, the number of items sold, and food descriptions needed for an accurate nutrient analysis.

The Rest of This Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, a completed sample form is provided. Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

If You Need Assistance

We will be calling you before the start of the target week and again during the target week to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call or email our technical assistants at [TA help line] or [TA email address]. **Thank you for your assistance with this important study!**

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General Guidelines for
Completing the Menu Survey

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Getting Started

Please read this manual carefully. Be sure to review the sample completed forms that are provided.

Off-Site Kitchens

If your school receives prepared foods or meals or any components of reimbursable meals from another school, a central kitchen, or an outside vendor during the target week, we ask that you obtain food descriptions, product information, and recipes for these foods, as needed. You may wish to discuss strategies for this task with your school food authority (SFA) director.

If your schools prepare meals or foods to send off-site (either for reimbursable meals or non-program foods), you will be asked to provide information on these items.

Filling Out Forms

- ✓ Use *pencil* on all forms.

- ✓ Write *clearly* and *legibly* (especially when recording numbers).

- ✓ Write the name of your school and the date (if applicable) at the top of each form.

- ✓ Double-check your work at the end of each day to be sure you have provided all the necessary information.

At the End of the Week

When you have completed all forms included in the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Please place the completed forms in the empty plastic envelope at the back of the Menu Survey Folder. Remember to also include your completed School Nutrition Manager Survey. **Return all completed survey materials to Mathematica in the pre-addressed envelope provided.**

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Instructions for Completing the Reimbursable Foods Forms

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Purpose: To describe foods and beverages that are offered as part of USDA reimbursable lunches and breakfasts during the target week, and to provide information on the number of portions of each item prepared, served in reimbursable meals, sold a la carte/to adults, left over, and wasted (and sent off-site, if applicable).

Location: The Reimbursable Foods Forms are located in the five colored folders labeled Monday-Friday, in the Menu Survey Folder. Separate forms are provided for breakfast (yellow) and lunch (white).

Notes:

- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week**, do **NOT** include these fruits and vegetables on the Reimbursable Foods Form unless they are offered as part of reimbursable lunches and breakfasts. If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable meals.

- **If your school offers meals to pre-kindergarten students**, do **NOT** include any foods that are offered only to these students and do NOT include the meals offered to these students when reporting the number of reimbursable meals planned and served each day.

- **Be sure to look at the sample completed Reimbursable Foods Forms that are provided.** Looking at the sample forms as you read the instructions will make it easier to understand what you need to do when filling out the forms.

How to Complete the *Reimbursable Foods Form*

Reimbursable Meal Counts

On the top left-hand corner of the form, you will see the **Reimbursable Meal Counts** box. The questions in this box ask about the number of reimbursable meals (breakfast or lunch) you *planned* to serve for the day and the number of reimbursable meals that you *actually* served that day. Record the answers to both questions in the spaces provided. Your production records may include this information. If not, you may need to talk to your SFA director to obtain it.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable meals each day. Most foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which ones to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in reimbursable meals (even if they may not count toward USDA meal pattern requirements).

- All condiments, salad dressings, optional toppings, desserts, and snack items.

DO NOT INCLUDE:

- Foods and beverages that are sold *only* a la carte or *only* to adults. (Instead, record these food and beverages on the Form for Non-Program Foods Sold by Food Service.)

- Foods and beverages that are offered and served *only* to pre-kindergarten students.

- Foods and beverages that were planned for a given day, but not actually prepared at your school because a substitution was made.

When foods are paired or offered together:

When a bread/grain, meat/meat alternate, fruit, or vegetable offering is paired with, or offered *only* with another menu item, add a note in Column A to make this clear.

Examples:

- For crackers that are offered *only* with a Chef's salad, add a note…
  Crackers *w/ Chef's salad*

- For toast that is offered *only* with cereal, add a note…
  Toast *w/ cereal*

- For a cheese stick that is offered *only* with a peanut butter sandwich, add a note…
  Cheese stick *w/ peanut butter* sandwich

- For blueberries that are offered *only* with pancakes, add a note…
  Blueberries *w/ pancakes*

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.

- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted.

- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods and beverages included in the meal.

If your school offers different foods to students in different grade groups:

- Record each food offered separately and add a note in Column A to make it clear which foods are offered to each grade group.

  Example:
  If your schools serves students in grades 6-8 and 9-12 and different entrées are offered to each grade groups, you would indicate this by listing each food separately and adding a note next to each food, as shown below.

A.
Food Item
Taco *for grades 6-8*
Burrito *for grades 9-12*

Column B: Portion Size

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount** and the **unit of measure** (if not already printed on the form). For example:

Food Item	Amount	Unit
Broccoli	¾	cup
Chicken patty	2.5	oz.
Tossed salad	½	cup

  You may change the printed unit for any food if your school serves the item in a different unit of measure.

- Include the *weight* (oz.) of one portion whenever available, especially for commercially prepared foods, such as burritos, chicken or fish nuggets, pizza, doughnuts, or cookies.

- For foods that are offered self-serve, write "self-serve" as the portion size.

- If your school offers different portion sizes of the same food, for example to students in two different grade groups, you will need to list the food twice (on two separate lines) and write in the different portion sizes.

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Example:

If your school serves students in grades 6-8 and 9-12 and you offer different portion sizes for canned peaches, you would indicate this by listing the food twice and adding a note about which portion size applies to which grade group, as shown below.

A. Food Item	B. Portion Size (Include Units)
Peaches, canned *for grades 6-8*	½ cup
Peaches, canned *for grades 9-12*	1 cup

Column C: Number of Portions

In the sub-columns under Column C, for each menu item, you will enter the total number of portions prepared, and the number of portions sent off-site (if applicable), served to students in reimbursable meals, sold a la carte or to adults/others, left over and saved for later use, and wasted. Note that the number of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Sold a La Carte or to Adults/Others, Left Over for Later Use, and Wasted) should add up to the total number of portions prepared (Total Prepared).

Total Portions Prepared

For each menu item, enter the total number of portions prepared. Include portions that are prepared for reimbursable meals at your school as well as portions that are prepared to be sent off-site (if applicable), sold a la carte and to adults/others. For pre-packaged foods and beverages, the total number of portions prepared refers to the number of individual packages that are put out in the serving area. For example, for cartons of juice, write the number of cartons that are placed on the serving line before and throughout the meal period.

Portions Sent Off-Site (if applicable)

If your school prepares food to be served at other schools or facilities, enter the total number of portions for each item that is sent off-site. Include portions sent off-site on the day they are sent – it doesn't matter if they will be served on the same day or another day. If your school does not prepare food to be served at other schools or facilities, you do not need to complete this column.

Reimbursable Portions Served

For each menu item, enter the number of reimbursable portions served to students at your school (excluding portions sold a la carte or to adults/others). Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week. If a menu item is prepared and available to students but none are served in reimbursable meals, be sure to enter a zero in the Reimbursable Served column.

Portions Sold A La Carte or to Adults/Others

Also, for each menu item, enter the number of portions that are sold a la carte, to adults, or to others who are not receiving meals through the NSLP or SBP. If no portions are sold a la carte or to adults/others, enter zero in this column. If the item was sold *only* to adults (and not to any students), check the box "Only Sold to Adults" in this column.

Portions Left Over for Later Use

At the end of each meal, enter the number of portions that were not served on this day, but were left over and may be served on a different day. For instance, this may include cartons of milk or juice to be used on the following day. Do not include left over portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

Portions Wasted

Also enter the number of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food prepared in a large dish, such as macaroni and cheese. If no portions are wasted, enter zero in this column.

> ### Example:
> Note that for each of the following menu items, the number of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Sold a La Carte or to Adults/Others, Left Over, and Wasted) add up to the total number of portions prepared (Total Prepared).

A.	B.		C.					
			Number of Portions					
				Onsite				
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**
Orange juice	8 fl. oz.	140	0	120	10	☐	10	0
Macaroni and cheese	1 cup	200	20	160	0	☐	0	20

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code.

- For all other commercially prepared food products you serve, including entrees, meat/meat alternates, and most bread/grain items (including biscuits, doughnuts, breakfast pastries, and pancakes), please fill in the manufacturer/brand and product code information in Column D.

- Please do your best to record whatever manufacturer and/or brand information is available (or at least how the food is described on the package label) for all required foods. **Always** include a product code, if available. The product code is usually located on the label of the box in which commercially prepared food products are delivered. An example is shown below.

- Below are additional examples of manufacturer and brand names, and products codes, for some foods.

Food Item (Column A)	Manufacturer/Brand Name and Product Code (Column D)
Pizza, pepperoni	Schwan's/Tony's 78546
Super Donut	Super Bakery 6001
Pancake-on-a-stick	State Fair 70481

- If your school purchases commercially prepared food products, including ones that are lower in fat or sodium or include whole grains, you may wish to include package labels to tell us more about the products. This will help ensure that the nutrient analysis is accurate and reflects the types of foods used in your school meal program.

- If you decide that you would like to give us package labels, you can put them in the envelope with the completed forms at the end of the week.

Column E: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is breaded or has icing. For some foods you will be asked to specify the type or variety of the food, such as the type of bread (100% whole wheat, rye bread, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**100% whole wheat** bread, **rye** bread, **bean** burrito)
- ✓ form (**fresh**, **frozen** or **canned** vegetable or fruit)
- ✓ flavor (**strawberry** milk, **oatmeal** cookie, **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ sugar content (**sweetened**, **unsweetened**, or **reduced sugar**)
- ✓ sodium content (**low-sodium** green beans, **reduced-sodium** pizza)

Column F: Check Box if USDA Food

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

Column G: Check Box if Prepared from a Recipe

For foods in Column A that are prepared from a recipe—that is, foods that are by combining two or more foods or ingredients—place a check mark in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Instructions for Completing the Recipe Forms

Purpose: To describe the types and amounts of ingredients used in preparing foods made by combining two or more foods or ingredients.

Location: A booklet of Recipe Forms (grey) is located behind the "Recipes" tab in the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form and file the completed extra forms inside the Recipe Form booklet.

Notes:

- **You may not have to fill out the Recipe Form if a printed copy of the recipe is available.** See the special instructions later in this section (page 14).

- **A recipe is needed for every item that is prepared by combining two or more foods or ingredients.** This includes all sandwiches and foods prepared or cooked with added butter, margarine, dressings, or other condiments.

- **Some foods may need more than one Recipe Form.** For example, for a tuna salad sandwich, you will need to use two Recipe Forms—one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed Recipe Forms for an example of a situation where two Recipe Forms are needed.

- **If the same recipe was prepared more than once during the target week,** you only need to fill out a Recipe Form once and be sure to check the boxes at the top of the form to indicate which days of the week the recipe was served, *unless the recipe is prepared differently on other days of the week.* If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.

- **Be sure to look at the sample completed Recipe Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Recipe Forms

Recipe/Food Name

Write the complete name of the recipe or food on the line provided in the upper right-hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *"Tuna salad for tuna sandwich."*

Meal

Check the meal or meals in which the recipe/food item was offered.

Day

Check the day or days of the target week on which the recipe/food was offered. Check "all" if the item is offered every day.

Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** *(Examples: 1/4 cup, 8 fluid ounces, 1 sandwich).*

Number of Servings Prepared

Please record the **total number of individual servings prepared** (recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the ingredients or components of a single serving *(Examples: 1 sandwich, 1 Chef's salad).*

Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all items used in food preparation, including seasonings and salt, as well as oils, butter, margarine, and other fats used in cooking.

Column B: Amount in Recipe

For each item listed in Column A, write the amount used in Column B. Be sure to include information on both the amount and the unit of measure *(Examples: 2 Tbsp, 6 oz, 5 cups, 7.5 gallons, 35 lbs).*

Be sure to provide amount information on the form of the ingredient *when it was measured.* For example, was pasta or rice measured cooked or uncooked? Was meat measured raw or after cooking? Was the cheese sliced, cubed, shredded, or grated?

Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a commercially prepared food, list the manufacturer and/or brand name as well as the product code.

Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**whole wheat** flour, **brown** rice, **ground** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables, fruits, or meats)
- ✓ cooking status (**cooked, uncooked, dry, raw**)
- ✓ fat content (**part-skim** cheese, **1% fat** milk, **fat-free** mayonnaise)
- ✓ sodium content (**low-sodium** tomato sauce, **reduced-sodium** deli turkey)
- ✓ sugar content (**sweetened**, **unsweetened**, or **reduced sugar**)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: Check Box if USDA Food

For ingredients in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

Column F: Check Box if Prepared from a Recipe

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete an additional Recipe Form.

Note: **Recipes are needed for all items that are made by combining two or more foods or ingredients.**

If You Can Provide a Printed Copy of the Recipe…

Be sure to:

- Staple or clip a copy of the printed recipe to a blank Recipe Form in the booklet and indicate on the Recipe Form the meal and days the recipe was used.

- Mark the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

Make sure the recipe includes:

- Yield information: **size of one serving** and **number of servings prepared**.

- A complete description of all ingredients, including manufacturer and/or brand and product code for commercially prepared food products.

- An indication of any ingredients that are USDA Foods, for example, write "USDA" beside the ingredient name.

Instructions for Completing the Self-Serve/ Made-to-Order Bar Forms

Purpose: To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars; made-to-order bars such as deli bars.

Location: A booklet of Self-Serve/Made-to-Order Bar Forms (lavender) is located behind the "Self-Serve Bars" tab in the Menu Survey Folder.

Notes:

- A separate Self-Serve/Made-to-Order Bar Forms must be completed for each type of self-serve bar or made-to-order bar offered. **If the same bar was offered more than once during the target week,** you only need to fill out one Self-Serve/Made-to-Order Bar Forms and indicate the days on which the bar was offered. **If the foods/ingredients offered on the bar differ on other days of the week,** a separate form is needed for each day they are different.

- **Be sure to look at the sample completed Self-Serve/Made-to-Order Bar Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Self-Serve/Made-to-Order Bar Forms

Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided in the upper right-hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the same item on the Reimbursable Foods Form.

Meal

Check the meal or meals in which the bar was offered during the target week.

Day

Check the day or days of the target week on which the bar was offered. Check "all" if the bar (with all the same ingredients) is offered every day.

Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and "continued" on a blank Self-Serve/Made-to-Order Bar Form and list remaining foods/ingredients.

Column B: Portion Size (if pre-portioned)

For pre-portioned items only, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by cafeteria servers, such as pasta on a pasta bar, cold cuts on a deli bar, or meat and cheese items on a salad bar.

Be sure to include information on both the **amount** and the **unit of measure** for pre-portioned items. See the sample completed Self-Serve/Made-to-Order Bar Forms for examples.

Column C: Manufacturer/Brand Name and Product

For commercially prepared food products, please record the manufacturer and/or brand name and a product code in Column C.

Column D: Food Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**100% whole grain** bread, **rye** bread, **graham** cracker, **cheddar** cheese, **deli** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables or fruit)
- ✓ cooking status (**cooked, uncooked, dry, raw**)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ sodium content (**low-sodium** green beans, **reduced-sodium** deli turkey)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: Check Box if USDA Food

For foods in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

Column F: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete a Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

> # Instructions for Completing the
> # NSLP Afterschool Snack Form

Purpose: To describe the foods and beverages offered in NSLP reimbursable afterschool snacks during the target week, and to provide information on the number of individual items prepared and served, as well as the total number of reimbursable afterschool snacks served to students.

Location: A booklet of NSLP Afterschool Snack Forms (green paper) is behind the "NSLP Afterschool Snacks" tab in the Menu Survey Folder.

Notes:

- **Only include afterschool snacks offered through the *National School Lunch Program (NSLP).*** If your school offers snacks and/or suppers through the *Child and Adult Care Food Program (CACFP),* you will complete the CACFP Afterschool Snack and Supper Form.

- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week,** do **NOT** include these fruits and vegetables on the NSLP Afterschool Snack Form unless they are offered as part of reimbursable afterschool snacks. If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable afterschool snacks.

- **Be sure to look at the sample completed NSLP Afterschool Snack Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the NSLP Afterschool Snack Form

On the front page of this booklet answer question 1 by indicating the days during the target week that NSLP afterschool snacks were offered. Complete one NSLP Afterschool Snack Form for each day snacks were offered.

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion sizes, the number of portions prepared/available and served, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe. Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.

Day

Check the day of the target week for which this form is being completed.

Number of Reimbursable Snacks Served Onsite

At the top of the form, record the total number of reimbursable afterschool snacks served to students at your school that day.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable NSLP afterschool snacks each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your NSLP afterschool snacks each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in NSLP afterschool snacks (even if they may not count toward USDA meal pattern requirements).

DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.

- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

When writing in foods that are not already listed on the form:

- Record foods in appropriate food group sections. Blank lines are provided at the end of each section for your entries.

Column B: Portion Size

For each item offered in NSLP afterschool snacks, write the size of one individual serving, as offered to students. If the snack item is pre-packaged, list the actual package size or weight, not "1 package."

- Include both the *amount* and the *unit* of measure:

Food Item	Amount	Unit
Banana, fresh	1	cup
Orange juice	6	fl. oz.
Granola bar	1.5	oz.

- If a food or beverage is offered in more than one portion size (for different grade groups), list the food or beverage on separate lines and write in the different portion sizes.

Example:

A.	B.
Food Item	**Portion Size** *(Include Units)*
Orange juice	6 fl. oz.
Orange juice	8 fl. oz.

Column C: Number of Portions

In the sub-columns under Column C, for each afterschool snack item, you will enter the total number of portions prepared/available, and the number of portions sent off-site (if applicable), served to students in reimbursable afterschool snacks, left over and saved for later use, and wasted. Note that the number of portions entered in the last four sub-columns (Sent Off-Site, Reimbursable Served, Left Over for Later Use, and Wasted) should add up to the total number of portions prepared/available. You may need to ask the afterschool program staff to provide some of this information. You can also give the afterschool program staff a copy of the NSLP Afterschool Snack Form and ask them to complete this column.

Total Portions Prepared/Available

For each afterschool snack item, write in the total number of portions prepared or available to be served at your school. The total number of portions prepared/available should reflect the actual number of servings available for students to select as part of a reimbursable NSLP afterschool snack.

Sent Off-Site (if applicable)

If your school prepares foods to be served in NSLP afterschool snacks at other schools or facilities, enter the number of portions of each afterschool snack item that are sent off-site.

Reimbursable Portions Served

Also, for each afterschool snack item, enter the number of reimbursable portions or individual items served to (or selected by) students as part of a reimbursable NSLP afterschool snack, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column.

Portions Left Over for Later Use

At the end of meal service, enter the number of portions that were not served on this day, but were left over and may be served on a different day. For instance, this may include cartons of milk or juice to be used on the following day. Do not include left over portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

Portions Wasted

Also enter the number of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food that cannot be served on another day, such as a sandwich. If no portions are wasted, enter zero in this column.

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name or a product code. For all other commercially prepared food products you serve, please fill in the manufacturer/brand and product code information in Column D.

Column E: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**1%** milk; **100% whole wheat** bread; **blueberry** muffin)
- ✓ form (**fresh, frozen** or **canned** vegetable or fruit)
- ✓ flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ fat content (**low-fat** yogurt**,** or **fat-free** salad dressing**)**

Column F: Check Box if USDA Food

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

Column G: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

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Instructions for Completing the
CACFP Afterschool Snack and Supper Form

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Purpose: To describe the foods and beverages offered in CACFP reimbursable afterschool snacks and suppers during the target week, and to provide information on the number of individual snack/supper items prepared and served, as well as the total number of reimbursable snacks/suppers served to students.

Location: A booklet of CACFP Afterschool Snack and Supper Forms (green paper) is behind the "CACFP Afterschool Snacks/Suppers" tab in the Menu Survey Folder.

Notes:

- **Only include afterschool snacks and suppers offered through the *Child and Adult Care Food Program (CACFP).*** If your school offers afterschool snacks through the *National School Lunch Program (NSLP),* you will complete the NSLP Afterschool Snack Form.

- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week,** do **NOT** include these fruits and vegetables on the CACFP Afterschool Snack and Supper Form unless they are offered as part of reimbursable afterschool snacks or suppers. If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable afterschool snacks or suppers.

- **Be sure to look at the sample completed CACFP Afterschool Snack and Supper Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the CACFP Afterschool Snack and Supper Form

On the front page of this booklet answer question 1 by indicating the days during the target week that CACFP afterschool snacks and/or suppers were offered. Complete one CACFP Afterschool Snack and Supper Form for each day afterschool snacks and/or suppers were offered.

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion sizes, the number of portions prepared/available and served, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe. Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.

Day

Check the day of the target week for which this form is being completed.

Number of Reimbursable Snacks and/or Suppers Served Onsite

At the top of the form record the total number of CACFP reimbursable snacks and/or suppers *served* to students at your school that day.

Column A: Food Item

You will use this column to identify foods and beverages offered in CACFP afterschool snacks and/or suppers each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your afterschool snacks and/or suppers each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in CACFP reimbursable afterschool snacks and/or suppers (even if they may not count toward USDA meal pattern requirements).

DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.

- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.

Column B: Portion Size

For each item offered in CACFP afterschool snacks or suppers, write the size of one individual serving, as offered to students. If the snack/supper item is pre-packaged, list the actual package size or weight, not "1 package."

- Include both the *amount* and the *unit* of measure:

Food Item	Amount	Unit
Banana, fresh	1	cup
Orange juice	6	fl. oz.
Granola bar	1.5	oz.

- If a food or beverage is offered in more than one portion size (for different grade groups), list the food or beverage on separate lines and write in the different portion sizes.

Example:

A. Food Item	B. Portion Size *(Include Units)*
Orange juice	6 fl. oz.
Orange juice	8 fl. oz.

Column C: Number of Portions

In the sub-columns under Column C, for each afterschool snack or supper item, you will enter the total number of portions prepared/available, and the number of portions sent off-site (if applicable), served to students in reimbursable afterschool snacks/suppers, left over and saved for later use, and wasted. Note that the number of portions entered in the last four sub-columns (Sent Off-Site, Reimbursable Served, Left Over for Later Use, and Wasted) should add up to the total number of portions prepared/available. You may need to ask the afterschool program staff for this information. You can also give the afterschool program staff a copy of the CACFP Afterschool Snack and Supper Form and ask them to complete this column.

Total Portions Prepared/Available

For each afterschool snack/supper item offered, write in the total number of portions prepared or available. The total number of portions prepared should reflect the actual number of servings available for students *at your school* to select as part of a CACFP snack or supper. If an item is prepared/available for both a snack and supper, write the combined total.

Sent Off-Site (if applicable)

If your school prepares foods to be served in CACFP afterschool snacks/suppers at other schools or facilities, enter the number of portions of each item that are sent off-site.

Reimbursable Portions Served

Also for each item, enter the number of reimbursable portions or individual items served to (or selected by) students as part of a CACFP afterschool snack or supper, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column. If an item is served during both an afterschool snack and supper, write the combined total.

Portions Left Over for Later Use

At the end of meal service, enter the number of reimbursable portions that were not served on this day, but were left over and may be served on a different day. For instance, this may include cartons of milk or juice to be used on the following day. Do not include left over portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

Portions Wasted

Also enter the number of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food that has been reheated and cannot be served on another day, such as pizza. If no portions are wasted, enter zero in this column.

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code. For all other commercially prepared food products you serve, please fill in the manufacturer/brand and product code information in Column D.

Column E: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**1%** milk; **100% whole wheat** bread; **blueberry** muffin)
- ✓ form (**fresh, frozen** or **canned** vegetable or fruit)
- ✓ flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ fat content (**low-fat** yogurt**,** or **fat-free** salad dressing**)**

Column F: Check Box if USDA Food

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

Column G: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the Form for Non-Program Foods Sold by School Food Service

Purpose: To describe non-program foods and beverages that are sold only outside of reimbursable meals and to provide information on the number of each item sold—either each day of the target week or as a total across the week.

Notes:

- Non-program foods include foods and beverages that are not offered as part of reimbursable meals during the target week.

- **Include only non-program foods from venues that are operated or stocked by your food service department**, including foods sold on an a la carte-only basis in cafeteria serving lines, in vending machines, snack bars, school stores, food trucks, and food carts.

- You will use one Form for Non-Program Foods Sold by School Food Service for the target week. If you are providing information on number of each item sold each day, you will leave the Weekly Total column blank. If you are providing information on the number each item sold across the week, you will complete the Weekly Total column only.

- You may need to use your daily production records, storeroom inventory, front-of-the-house stocking records, or ordering and inventory sheets for non-program foods, if available, to help you fill out this form.

- **Be sure to look at the sample completed Form for Non-Program Foods Sold by School Food Service that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Form for Non-Program Foods Sold by School Food Service

Where Sold

Non-program foods may be sold on cafeteria serving lines or in other venues, such as vending machines, snack bars, school stores, food trucks, food carts or at another school or facility off-site. Indicate the venues where the non-program food items listed on this form are sold, checking all boxes that apply. If the food service department sells non-program foods in a venue that is not listed, check "Other," and write in the name of the venue.

Column A: Food Name

At the start of the target week, use this column to list all non-program items (foods and beverages) that are sold across all venues operated or stocked by your food service department. Creating a list of items at the start of the week will make the form easier to fill out.

If an item is available in different flavors but the brand and package sizes are the same, (for example, different flavors of 12 fl oz Izze Sparkling Juice®), you can list the items once.

Column B: Portion Size

For each non-program food and beverage item, write the size of one individual serving, as sold to students. Include both the **amount** and the **unit** of measure.

- For items that are pre-packaged, record the actual package size, weight, or volume (2.5 oz or 12 fl oz), not "1 package."

- For items prepared from recipes, write the size of one individual serving ("1/2 cup" vanilla pudding) or simply the number of items offered ("1 sandwich," "2 pieces," or "1 each").

- If a food or beverage item is sold in more than one portion size, list the item more than once, on separate lines for each portion size.

A. Food Item	B. Portion Size (Include Units)
Crackers	0.75 oz
Crackers	1.0 oz

Column C: Manufacturer/Brand Name and Product Code

For commercially prepared or pre-packaged items that are not prepared from a recipe, please record the manufacturer/brand name and a product code (if available) in Column C. Below are examples of manufacturer/brand names and products codes for some foods.

A. Food Item	C. Manufacturer/Brand Name and Product Code
Pretzels	Snyder's of Hanover, Item 107641
Corndog	Foster Farms, Code 94124
Cheese breadstick or pizza stick	Bosco's Pizza Co, Code 2672

Column D: Food Description

For each item listed in Column A, use this column to provide details about the type or

variety of the food. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type: (**blueberry** muffin, **bean** burrito or **turkey** sandwich)
- ✓ form (**fresh, frozen** or **canned** vegetable or fruit)
- ✓ flavor (**strawberry** milk, **oatmeal** cookie or **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, or **fat-free** salad dressing)
- ✓ sugar content (**sweetened**, **unsweetened**, or **reduced sugar**)
- ✓ sodium content (**low-sodium** vegetable juice or **reduced-sodium** pizza)

If an item is available in different flavors or varieties indicate this in Column D (Food Description).

Column E: Check Box if Whole Grain-Rich

For food items in Column A that are whole grain-rich, place a check mark in the box in Column E.

Column F: Check Box if Prepared from a Recipe

If an item was prepared from a recipe, check the box in Column F. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe. Remember that recipes are needed for all items that are made by combining two or more foods or ingredients.

Column G: Number of Portions Sold

If you are providing information on number of portions of each item **sold each day** of the target week, complete the number of portion columns for each day, and leave the Weekly Total column blank. If you are providing information on the number of portions **sold across the week**, complete only the Weekly Total column (and leave each day's column blank).

For all non-program items, enter the total number of portions *sold* that day, or over the week if providing number of portions sold across the week. If an item is offered but none are sold, be sure to enter zero.

Sent Off-Site (if applicable)

If your school sends any non-program foods or beverages to other schools or facilities, include the number of portions of each item that are *sent off-site* in the Sent Off-Site column. Include the total portions of each item that are sent off-site across the week.

Column H: Availability

For each item listed in Column A, use this column to indicate whether the food or beverage was available for students to purchase during breakfast, during lunch, and/or outside of meal periods. If the item was available during more than one meal period or at any time throughout the school day, select all options that apply.

2024-2025 National School Foods Study

Instructions for the Menu Survey (For Alaska, Hawaii and Guam)

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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INTRODUCTION FOR THE MENU SURVEY

Thank you for participating in the **2024-2025 National School Foods Study**. Without your help, and the help of school nutrition professionals like you in the outlying areas, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods prepared and served by your school nutrition program, including foods offered in reimbursable meals, as well as foods sold outside of reimbursable meals. You will complete the survey forms during a specified time period, referred to as the "target week." *The target week for your school is shown on the front of the Menu Survey Folder.*

The information you provide will be used to estimate the cost of producing reimbursable meals for the National School Lunch Program and School Breakfast Program. This study is important because an accurate assessment of meal costs could eventually be used to adjust per-meal reimbursement rates in outlying areas.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing the survey forms. Along with the manual is a set of **sample completed forms** that may be useful when you are completing your own survey forms. Be sure to look over the sample completed forms.

Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

Daily Meal Counts Form

This one-page form (blue paper) is located behind the first tab inside the Menu Survey Folder. This is a very simple form. All you have to do is write in the number of reimbursable NSLP lunches and SBP breakfasts you served each day of the target week, by reimbursement category. At the bottom of the form, you will record your non-program food sales each day of the week or as a total across the week, by venue (if applicable). Additional instructions are provided at the top of the form.

Reimbursable Foods Forms for Lunch and Breakfast

You will fill out these forms each day of the target week. They are located in colored folders in the Menu Survey Folder labeled by day of the week (Monday forms, Tuesday forms, etc.). There are separate forms for breakfast (yellow paper) and lunch (white paper). You will use these forms to provide information about all foods and beverages offered in reimbursable meals, including portion sizes; the number of portions prepared, served in reimbursable meals, sold a la carte or to adults, left over, and wasted; and detailed food descriptions. You will also indicate whether an item was a USDA Food or prepared from a recipe.

Recipe Forms

A booklet of Recipe Forms (grey paper) is located behind the "Recipes" tab in the Menu Survey Folder. You will use the Recipe Forms to provide information on foods made by

combining two or more foods or ingredients during the target week. Alternatively, you can provide printed copies of recipes instead of completing these forms.

Self-Serve/Made-to-Order Bar Form

Behind the next tab in the Menu Survey Folder is another booklet of forms (lavender paper) for you to use to provide information about "self-serve" bars, such as salad bars and condiment bars, as well as made-to-order bars such as deli bars. If your school offers self-serve or made-to-order bars, you will use a Self-Serve/Made-to-Order Bar form to describe the foods offered on each bar.

Form for Non-Program Foods Sold by School Food Service

If your food service department sells non-program foods—that is, foods and beverages that are sold to students only outside reimbursable meals—you will complete the Form for Non-Program Foods Sold by School Food Service. This form is only for non-program items sold in venues that are operated or stocked by your food service department. You will use this form to provide information about all non-program foods and beverages, including portion sizes, the number of items sold, and food descriptions.

The Rest of This Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, a completed sample form is provided. Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

If You Need Assistance

We will be calling you before the start of the target week and again during the target week to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call or email our technical assistants at [TA help line] or [TA email address]. **Thank you for your assistance with this important study!**

General Guidelines for Completing the Menu Survey

Getting Started

Please read this manual carefully. Be sure to review the sample completed forms that are provided.

Off-Site Kitchens

If your school receives prepared foods or meals or any components of reimbursable meals from another school, a central kitchen, or an outside vendor during the target week, we ask that you obtain food descriptions, product information, and recipes for these foods, as needed. You may wish to discuss strategies for this task with your school food authority (SFA) director.

If your schools prepare meals or foods to send off-site (either for reimbursable meals or non-program foods), you will be asked to provide information on these items.

Filling Out Forms

- ✓ Use *pencil* on all forms.

- ✓ Write *clearly* and *legibly* (especially when recording numbers).

- ✓ Write the name of your school and the date (if applicable) at the top of each form.

- ✓ Double-check your work at the end of each day to be sure you have provided all the necessary information.

At the End of the Week

When you have completed all forms included in the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Please place the completed forms in the empty plastic envelope at the back of the Menu Survey Folder. **Return all completed survey materials to Mathematica in the pre-addressed envelope provided.**

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Instructions for Completing the Reimbursable Foods Forms

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Purpose: To describe foods and beverages that are offered as part of USDA reimbursable lunches and breakfasts during the target week, and to provide information on the number of portions of each item prepared, served in reimbursable meals, sold a la carte/to adults, left over, and wasted (and sent off-site, if applicable).

Location: The Reimbursable Foods Forms are located in the five colored folders labeled Monday-Friday, in the Menu Survey Folder. Separate forms are provided for breakfast (yellow) and lunch (white).

Notes:

- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week**, do **NOT** include these fruits and vegetables on the Reimbursable Foods Form unless they are offered as part of reimbursable lunches and breakfasts. If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable meals.

- **If your school offers meals to pre-kindergarten students**, do **NOT** include any foods that are offered only to these students and do NOT include the meals offered to these students when reporting the number of reimbursable meals planned and served each day.

- **Be sure to look at the sample completed Reimbursable Foods Forms that are provided.** Looking at the sample forms as you read the instructions will make it easier to understand what you need to do when filling out the forms.

How to Complete the *Reimbursable Foods Form*

Reimbursable Meal Counts

On the top left-hand corner of the form, you will see the **Reimbursable Meal Counts** box. The questions in this box ask about the number of reimbursable meals (breakfast or lunch) you *planned* to serve for the day and the number of reimbursable meals that you *actually* served that day. Record the answers to both questions in the spaces provided. Your production records may include this information. If not, you may need to talk to your SFA director to obtain it.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable meals each day. Most foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which ones to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in reimbursable meals (even if they may not count toward USDA meal pattern requirements).

- All condiments, salad dressings, optional toppings, desserts, and snack items.

DO NOT INCLUDE:

- Foods and beverages that are sold *only* a la carte or *only* to adults. (Instead, record these food and beverages on the Form for Non-Program Foods Sold by Food Service.)

- Foods and beverages that are offered and served *only* to pre-kindergarten students.

- Foods and beverages that were planned for a given day, but not actually prepared at your school because a substitution was made.

When foods are paired or offered together:

When a bread/grain, meat/meat alternate, fruit, or vegetable offering is paired with, or offered *only* with another menu item, add a note in Column A to make this clear.

Examples:

- For crackers that are offered *only* with a Chef's salad, add a note…
   Crackers *w/ Chef's salad*

- For toast that is offered *only* with cereal, add a note…
   Toast *w/ cereal*

- For a cheese stick that is offered *only* with a peanut butter sandwich, add a note…
   Cheese stick *w/ peanut butter* sandwich

- For blueberries that are offered *only* with pancakes, add a note…
   Blueberries *w/ pancakes*

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.

- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted.

- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods and beverages included in the meal.

If your school offers different foods to students in different grade groups:

- Record each food offered separately and add a note in Column A to make it clear which foods are offered to each grade group.

    Example:

    If your schools serves students in grades 6-8 and 9-12 and different entrées are offered to each grade groups, you would indicate this by listing each food separately and adding a note next to each food, as shown below.

A.
Food Item
Taco *for grades 6-8*
Burrito *for grades 9-12*

Column B: Portion Size

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount** and the **unit of measure** (if not already printed on the form). For example:

Food Item	Amount	Unit
Broccoli	¾	cup
Chicken patty	2.5	oz.
Tossed salad	½	cup

    You may change the printed unit for any food if your school serves the item in a different unit of measure.

- Include the *weight* (oz.) of one portion whenever available, especially for commercially prepared foods, such as burritos, chicken or fish nuggets, pizza, doughnuts, or cookies.

- For foods that are offered self-serve, write "self-serve" as the portion size.

- If your school offers different portion sizes of the same food, for example to students in two different grade groups, you will need to list the food twice (on two separate lines) and write in the different portion sizes.

    Example:

    If your school serves students in grades 6-8 and 9-12 and you offer different

portion sizes for canned peaches, you would indicate this by listing the food twice and adding a note about which portion size applies to which grade group, as shown below.

A. Food Item	B. Portion Size (Include Units)
Peaches, canned *for grades 6-8*	½ cup
Peaches, canned *for grades 9-12*	1 cup

Column C: Number of Portions

In the sub-columns under Column C, for each menu item, you will enter the total number of portions prepared, and the number of portions sent off-site (if applicable), served to students in reimbursable meals, sold a la carte or to adults/others, left over and saved for later use, and wasted. Note that the number of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Sold a La Carte or to Adults/Others, Left Over for Later Use, and Wasted) should add up to the total number of portions prepared (Total Prepared).

Total Portions Prepared

For each menu item, enter the total number of portions prepared. Include portions that are prepared for reimbursable meals at your school as well as portions that are prepared to be sent off-site (if applicable), sold a la carte and to adults/others. For pre-packaged foods and beverages, the total number of portions prepared refers to the number of individual packages that are put out in the serving area. For example, for cartons of juice, write the number of cartons that are placed on the serving line before and throughout the meal period.

Portions Sent Off-Site (if applicable)

If your school prepares food to be served at other schools or facilities, enter the total number of portions for each item that is sent off-site. Include portions sent off-site on the day they are sent – it doesn't matter if they will be served on the same day or another day. If your school does not prepare food to be served at other schools or facilities, you do not need to complete this column.

Reimbursable Portions Served

For each menu item, enter the number of reimbursable portions served to students at your school (excluding portions sold a la carte or to adults/others). Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week. If a menu item is prepared and available to students but none are served in reimbursable meals, be sure to enter a zero in the Reimbursable Served column.

Portions Sold A La Carte or to Adults/Others

Also, for each menu item, enter the number of portions that are sold a la carte, to adults, or to others who are not receiving meals through the NSLP or SBP. If no portions are sold a la carte or to adults/others, enter zero in this column. If the item was sold *only* to adults (and not to any students), check the box "Only Sold to Adults" in this column.

Portions Left Over for Later Use

At the end of each meal, enter the number of portions that were not served on this day, but were left over and may be served on a different day. For instance, this may include cartons of milk or juice to be used on the following day. Do not include left over portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

Portions Wasted

Also enter the number of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food prepared in a large dish, such as macaroni and cheese. If no portions are wasted, enter zero in this column.

> ### Example:
> Note that for each of the following menu items, the number of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Sold a La Carte or to Adults/Others, Left Over, and Wasted) add up to the total number of portions prepared (Total Prepared).

A.	B.		C.						
			Number of Portions						
					Onsite				
Food Item	**Portion Size (Include Units)**	**Total Prepared**	**Sent Off-site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**
Orange juice	8 fl. oz.	140	0	120	10	☐	10	0
Macaroni and cheese	1 cup	200	20	160	0	☐	0	20

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code.

- For all other commercially prepared food products you serve, including entrees, meat/meat alternates, and most bread/grain items (including biscuits, doughnuts, breakfast pastries, and pancakes), please fill in the manufacturer/brand and product code information in Column D.

- Pleas   formation is avail   abel) for all requir   duct code is usuall   pared food produ

- Below   products codes, for some foods.

Food Item (Column A)	Manufacturer/Brand Name and Product Code (Column D)
Pizza, pepperoni	Schwan's/Tony's 78546
Super Donut	Super Bakery 6001
Pancake-on-a-stick	State Fair 70481

- If your school purchases commercially prepared food products, including ones that are lower in fat or sodium or include whole grains, you may wish to include package labels to tell us more about the products.

- If you decide that you would like to give us package labels, you can put them in the envelope with the completed forms at the end of the week.

Column E: Food Description

This column is used to provide detailed descriptions of foods. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is breaded or has icing. For some foods you will be asked to specify the type or variety of the food, such as the type of bread (100% whole wheat, rye bread, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

    ✓ type (**100% whole wheat** bread, **rye** bread, **bean** burrito)

- ✓ form (**fresh**, **frozen** or **canned** vegetable or fruit)
- ✓ flavor (**strawberry** milk, **oatmeal** cookie, **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ sodium content (**low-sodium** green beans, **reduced-sodium** pizza)
- ✓ sugar content (**sweetened**, **unsweetened**, or **reduced sugar**)
- ✓ whether **whole grain-rich**

Column F: Check Box if USDA Food

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

Column G: Check Box if Prepared from a Recipe

For foods in Column A that are prepared from a recipe—that is, foods that are made by combining two or more foods or ingredients—place a check mark in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Instructions for Completing the Recipe Forms

Purpose: To describe the types and amounts of ingredients used in preparing foods made by combining two or more foods or ingredients.

Location: A booklet of Recipe Forms (grey) is located behind the "Recipes" tab in the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form and file the completed extra forms inside the Recipe Form booklet.

Notes:

- **You may not have to fill out the Recipe Form if a printed copy of the recipe is available.** See the special instructions later in this section (page 14).

- **A recipe is needed for every item that is prepared by combining two or more foods or ingredients.** This includes all sandwiches and foods prepared or cooked with added butter, margarine, dressings, or other condiments.

- **Some foods may need more than one Recipe Form.** For example, for a tuna salad sandwich, you will need to use two Recipe Forms—one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed Recipe Forms for an example of a situation where two Recipe Forms are needed.

- **If the same recipe was prepared more than once during the target week,** you only need to fill out a Recipe Form once and be sure to check the boxes at the top of the form to indicate which days of the week the recipe was served, *unless the recipe is prepared differently on other days of the week*. If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.

- **Be sure to look at the sample completed Recipe Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Recipe Forms

Recipe/Food Name

Write the complete name of the recipe or food on the line provided in the upper right-hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *"Tuna salad for tuna sandwich."*

Meal

Check the meal or meals in which the recipe/food item was offered.

Day

Check the day or days of the target week on which the recipe/food was offered. Check "all" if the item is offered every day.

Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** *(Examples: 1/4 cup, 8 fluid ounces, 1 sandwich).*

Number of Servings Prepared

Please record the **total number of individual servings prepared** (recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the ingredients or components of a single serving *(Examples: 1 sandwich, 1 Chef's salad).*

Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all items used in food preparation, including seasonings and salt, as well as oils, butter, margarine, and other fats used in cooking.

Column B: Amount in Recipe

For each item listed in Column A, write the amount used in Column B. Be sure to include information on both the **amount** and the **unit of measure** *(Examples: 2 Tbsp, 6 oz, 5 cups, 7.5 gallons, 35 lbs*).

Be sure to provide amount information on the form of the ingredient *when it was measured.* For example, was pasta or rice measured cooked or uncooked? Was meat measured raw or after cooking? Was the cheese sliced, cubed, shredded, or grated?

Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a commercially prepared food, list the manufacturer and/or brand name as well as the product code.

Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient. Depending on the item, this may include information on:

- ✓ type (**whole wheat** flour, **brown** rice, **ground** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables, fruits, or meats)
- ✓ cooking status (**cooked, uncooked, dry, raw**)
- ✓ fat content (**part-skim** cheese, **1% fat** milk, **fat-free** mayonnaise)
- ✓ sodium content (**low-sodium** tomato sauce, **reduced-sodium** deli turkey)
- ✓ sugar content (**sweetened**, **unsweetened**, or **reduced sugar**)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: Check Box if USDA Food

For ingredients in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

Column F: Check Box if Prepared from a Recipe

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete an additional Recipe Form.

Note: **Recipes are needed for all items that are made by combining two or more foods or ingredients.**

If You Can Provide a Printed Copy of the Recipe…

Be sure to:

- Staple or clip a copy of the printed recipe to a blank Recipe Form in the booklet and indicate on the Recipe Form the meal and days the recipe was used.

- Mark the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

Make sure the recipe includes:

- Yield information: **size of one serving** and **number of servings prepared**.

- A complete description of all ingredients, including manufacturer and/or brand and product code for commercially prepared food products.

- An indication of any ingredients that are USDA Foods, for example, write "USDA" beside the ingredient name.

Instructions for Completing the Self-Serve/ Made-to-Order Bar Forms

Purpose: To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars; made-to-order bars such as deli bars.

Location: A booklet of Self-Serve/Made-to-Order Bar Forms (lavender) is located behind the "Self-Serve Bars" tab in the Menu Survey Folder.

Notes:

- A separate Self-Serve/Made-to-Order Bar Forms must be completed for each type of self-serve bar or made-to-order bar offered. **If the same bar was offered more than once during the target week,** you only need to fill out one Self-Serve/Made-to-Order Bar Forms and indicate the days on which the bar was offered. **If the foods/ingredients offered on the bar differ on other days of the week,** a separate form is needed for each day they are different.

- **Be sure to look at the sample completed Self-Serve/Made-to-Order Bar Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Self-Serve/Made-to-Order Bar Forms

Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided in the upper right-hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the same item on the Reimbursable Foods Form.

Meal

Check the meal or meals in which the bar was offered during the target week.

Day

Check the day or days of the target week on which the bar was offered. Check "all" if the bar (with all the same ingredients) is offered every day.

Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and "continued" on a blank Self-Serve/Made-to-Order Bar Form and list remaining foods/ingredients.

Column B: Portion Size (if pre-portioned)

For pre-portioned items only, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by cafeteria servers, such as pasta on a pasta bar, cold cuts on a deli bar, or meat and cheese items on a salad bar.

Be sure to include information on both the **amount** and the **unit of measure** for pre-portioned items. See the sample completed Self-Serve/Made-to-Order Bar Forms for examples.

Column C: Manufacturer/Brand Name and Product

For commercially prepared food products, please record the manufacturer and/or brand name and a product code in Column C.

Column D: Food Description

For each item listed in Column A, use this column to provide details about the food or ingredient. Depending on the item, this may include information on:

- ✓ type (**100% whole grain** bread, **rye** bread, **graham** cracker, **cheddar** cheese, **deli** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables or fruit)
- ✓ cooking status (**cooked, uncooked, dry, raw**)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ sodium content (**low-sodium** green beans, **reduced-sodium** deli turkey)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: Check Box if USDA Food

For foods in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

Column F: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete a Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the Form for Non-Program Foods Sold by School Food Service

Purpose: To describe non-program foods and beverages that are sold only outside of reimbursable meals and to provide information on the number of each item sold—either each day of the target week or as a total across the week.

Notes:

- Non-program foods include foods and beverages that are not offered as part of reimbursable meals during the target week.

- **Include only non-program foods from venues that are operated or stocked by your food service department**, including foods sold on an a la carte-only basis in cafeteria serving lines, in vending machines, snack bars, school stores, food trucks, and food carts.

- You will use one Form for Non-Program Foods Sold by School Food Service for the target week. If you are providing information on number of each item sold each day, you will leave the Weekly Total column blank. If you are providing information on the number each item sold across the week, you will complete the Weekly Total column only.

- You may need to use your daily production records, storeroom inventory, front-of-the-house stocking records, or ordering and inventory sheets for non-program foods, if available, to help you fill out this form.

- **Be sure to look at the sample completed Form for Non-Program Foods Sold by School Food Service that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Form for Non-Program Foods Sold by School Food Service

Where Sold

Non-program foods may be sold on cafeteria serving lines or in other venues, such as vending machines, snack bars, school stores, food trucks, food carts or at another school or facility off-site. Indicate the venues where the non-program food items listed on this form are sold, checking all boxes that apply. If the food service department sells non-program foods in a venue that is not listed, check "Other," and write in the name of the venue.

Column A: Food Name

At the start of the target week, use this column to list all non-program items (foods and beverages) that are sold across all venues operated or stocked by your food service

department. Creating a list of items at the start of the week will make the form easier to fill out.

If an item is available in different flavors but the brand and package sizes are the same, (for example, different flavors of 12 fl oz Izze Sparkling Juice®), you can list the items once.

Column B: Portion Size

For each non-program food and beverage item, write the size of one individual serving, as sold to students. Include both the **amount** and the **unit** of measure.

- For items that are pre-packaged, record the actual package size, weight, or volume (2.5 oz or 12 fl oz), not "1 package."

- For items prepared from recipes, write the size of one individual serving ("1/2 cup" vanilla pudding) or simply the number of items offered ("1 sandwich," "2 pieces," or "1 each").

- If a food or beverage item is sold in more than one portion size, list the item more than once, on separate lines for each portion size.

A.	B.
Food Item	**Portion Size (Include Units)**
Crackers	0.75 oz
Crackers	1.0 oz

Column C: Manufacturer/Brand Name and Product Code

For commercially prepared or pre-packaged items that are not prepared from a recipe, please record the manufacturer/brand name and a product code (if available) in Column C. Below are examples of manufacturer/brand names and products codes for some foods.

A.	C.
Food Item	**Manufacturer/Brand Name and Product Code**
Pretzels	Snyder's of Hanover, Item 107641
Corndog	Foster Farms, Code 94124
Cheese breadstick or pizza stick	Bosco's Pizza Co, Code 2672

Column D: Food Description

For each item listed in Column A, use this column to provide details about the type or variety of the food. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type: (**blueberry** muffin, **bean** burrito or **turkey** sandwich)
- ✓ form (**fresh, frozen** or **canned** vegetable or fruit)

- ✓ flavor (**strawberry** milk, **oatmeal** cookie or **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, or **fat-free** salad dressing)
- ✓ sugar content (**sweetened**, **unsweetened**, or **reduced sugar**)
- ✓ sodium content (**low-sodium** vegetable juice or **reduced-sodium** pizza)

If an item is available in different flavors or varieties indicate this in Column D (Food Description).

Column E: Check Box if Whole Grain-Rich

For food items in Column A that are whole grain-rich, place a check mark in the box in Column E.

Column F: Check Box if Prepared from a Recipe

If an item was prepared from a recipe, check the box in Column F. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe. Remember that recipes are needed for all items that are made by combining two or more foods or ingredients.

Column G: Number of Portions Sold

If you are providing information on number of portions of each item **sold each day** of the target week, complete the number of portion columns for each day, and leave the Weekly Total column blank. If you are providing information on the number of portions **sold across the week**, complete only the Weekly Total column (and leave each day's column blank).

For all non-program items, enter the total number of portions *sold* that day, or over the week if providing number of portions sold across the week. If an item is offered but none are sold, be sure to enter zero.

Sent Off-Site (if applicable)

If your school sends any non-program foods or beverages to other schools or facilities, include the number of portions of each item that are *sent off-site* in the Sent Off-Site column. Include the total portions of each item that are sent off-site across the week.

Column H: Availability

For each item listed in Column A, use this column to indicate whether the food or beverage was available for students to purchase during breakfast, during lunch, and/or outside of meal periods. If the item was available during more than one meal period or at any time throughout the school day, select all options that apply.

**F02.1A. SAMPLE DAILY MEAL COUNTS FORM
(GROUP 2A, GROUP 3, FULL OUTLYING AREAS)**

SAMPLE

Daily Meal Counts Form

School Name: _John Smith Middle_   **Date:** _1/20/25_

Instructions:

1. In the boxes for the **Number of Reimbursable NSLP Lunches Served** and **Number of Reimbursable SBP Breakfasts Served**, please record the **number of free, reduced-price,** and **full-price** *reimbursable meals* served in your school each day of the target week. Do *not* include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis. **If your school provides free meals to all students, record the number of meals served in the "free" column.**

2. Check the box if the number of reimbursable meals served on a day was much higher or lower than usual, and describe the reason for this difference in the space provided.

	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable lunches served this day was much higher or lower than usual.
Number of Reimbursable NSLP Lunches Served					
Monday	72	23	30		☐ → Reason: _____
Tuesday	85	26	15		☐ → Reason: _____
Wednesday	60	12	8		☑ → Reason: _early dismissed_____
Thursday	82	23	22		☐ → Reason: _____
Friday	78	22	25		☐ → Reason: _____

	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.
Number of Reimbursable SBP Breakfasts Served					
Monday	30	33	12		☐ → Reason: _____
Tuesday	28	30	12		☐ → Reason: _____
Wednesday	30	32	10		☐ → Reason: _____
Thursday	29	32	15		☐ → Reason: _____
Friday	38	31	10		☐ → Reason: _____

Instructions:

1. Please record the total value of your non-program food sales by venue, including all student, adult, and other sales in venues operated or stocked by the food service department. If you do not keep venue-specific records, you may simply enter the total sales across all venues into the last column (named "Total Across All Venues"). You can either record the sales each day of the target week or enter it as a total across the week in the last row (named "Weekly Total").

Total Non-Program Food Sales in Venues Operated or Stocked by the Food Service Department	Serving Line (A la Carte)	Snack Bar	Vending Machine	Food Cart	School Store	Food Trucks	Other: _____	Total Across All Venues
Monday	$248.50	$	$110.00	$	$		$	$
Tuesday	$253.75	$	$95.80	$	$		$	$
Wednesday	$229.42	$	$90.25	$	$		$	$
Thursday	$249.25	$	$101.50	$	$		$	$
Friday	$261.40	$	$97.60	$	$		$	$
Weekly Total	$	$	$	$	$		$	$

F02.1B. SAMPLE REIMBURSABLE FOODS FORM:

BREAKFAST (GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

Reimbursable Meal Counts	
How many reimbursable breakfasts did you **plan to serve** at your school this day?	80
How many reimbursable breakfasts **did you serve** at your school this day?	75

2024-2025 NATIONAL SCHOOL FOODS STUDY

REIMBURSABLE FOODS FORM: BREAKFAST

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: John Smith Middle **Date**: 1/20/25   **Day:** ☑ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions							D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite								
				Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted				
MILK												
White, fat free/skim	8 fl oz.	30		19	1	☐	10	0				
White, 1%	8 fl oz.	30		26	2	☐	2	0				
White, 2%	fl oz.					☐						
White, whole	fl oz.					☐						
Chocolate, fat free/skim	8 fl oz.	20		20	0	☐	0	0		☐ Reduced sugar		
Chocolate, 1%	fl oz.					☐				☐ Reduced sugar		
Chocolate, 2%	fl oz.					☐				☐ Reduced sugar		
Lactose free	fl oz.									☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar		
Other flavor Specify: Strawberry	8 fl oz.	20		10	0	☐	10	0		☑ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Non-dairy milk alternative, Specify type: _____	fl oz.					☐				☐ Fat free ☐ Light ☐ Reduced sugar ☐ Sweetened ☐ Unsweetened Specify flavor(s): _____	☐	☐

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
FRUIT (**Note:** Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.)												
Apple	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Applesauce	cup					☐				☐ Sweetened ☐ Unsweetened	☐	
Apricots	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Banana	1/2 cup	50		49	0	☐	2	0		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Blueberries	cup					☐				☐ Fresh ☐ Frozen ☐ Sweetened ☐ Unsweetened	☐	
Fruit cocktail	1/2 cup	35		32	2	☐	1	0		☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☑ Extra light syrup ☐ Juice ☐ Water	☑	
Grapes	1/2 cup	60		58	2	☐	0	0		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Kiwi	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Mandarin oranges	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Orange	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Peaches	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	

A.	B.	C.							D.	E.	F.	G.
		Number of Portions										
				Onsite								
Food Item	Portion Size *(Include Units)*	Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	Manufacturer/Brand Name and Product Code *(If Applicable)*	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
Pears, canned	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Pineapple	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Raisins	oz.					☐					☐	
Strawberries	cup					☐				☐ Fresh ☐ Frozen ☐ Sweetened ☐ Unsweetened	☐	
						☐					☐	☐
JUICES (**Note:** Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. List fruit drinks (not 100% juice) in the "Other Menu Items" section.)												
Apple juice	4 fl oz.	40		28	2	☐	10	0		☑ Calcium added ☐ Reduced sugar	☐	
Grape juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Orange juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Fruit juice blend	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
	fl oz.					☐					☐	☐
COLD CEREAL (**Note:** In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal).												
Apple Jacks	oz.					☐				☐ Reduced sugar	☐	
Cheerios, plain	1 oz.	20		11	0	☐	9	0			☐	
Cheerios, Apple Cinnamon	oz.					☐				☐ Reduced sugar	☐	
Cheerios, Fruity	oz.					☐				☐ Reduced sugar	☐	
Cheerios, Honey Nut	1 oz.	20		13	0	☐	7	0		☐ Reduced sugar	☐	
Cinnamon Toast Crunch	oz.					☐				☐ Reduced sugar	☐	
Cocoa Krispies	oz.					☐				☐ Reduced sugar	☐	
Cocoa Puffs	oz.					☐				☐ Reduced sugar	☐	
Froot Loops	oz.					☐				☐ Reduced sugar	☐	

REIMBURSABLE FOODS FORM: BREAKFAST

A. Food Item	B. Portion Size (Include Units)	C. Total Prepared	C. Sent Off-Site	C. Onsite Reimbursable Served	C. Onsite Sold A La Carte or to Adults/Others	C. Onsite Only sold to adults	C. Onsite Left Over for Later Use	C. Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Frosted Flakes	oz.					☐				☐ Reduced sugar	☐	
Frosted Mini Wheats	oz.					☐				☐ Reduced sugar	☐	
Golden Grahams	oz.					☐				☐ Reduced sugar	☐	
Granola	oz.					☐				☐ Regular ☐ Low fat	☐	
Kix	oz.					☐				☐ Reduced sugar	☐	
Lucky Charms	oz.					☐				☐ Reduced sugar	☐	
Marshmallow Mateys	oz.					☐				☐ Reduced sugar	☐	
Raisin Bran	1 oz.	10		8	2	☐	0	0		☐ Reduced sugar	☐	
Rice Chex	oz.					☐					☐	
Rice Krispies	oz.					☐					☐	
Trix	oz.					☐				☐ Reduced sugar	☐	
						☐					☐	☐
						☐					☐	☐

HOT CEREALS (**Note**: If prepared with fat and/or milk, complete a RECIPE FORM)

A. Food Item	B. Portion Size	C. Total Prepared	C. Sent Off-Site	C. Reimbursable Served	C. Sold A La Carte or to Adults/Others	C. Only sold to adults	C. Left Over for Later Use	C. Wasted	D.	E. Food Description	F.	G.
Cream of Wheat	cup					☐				☐ Instant ☐ Quick ☐ Regular ☐ Whole grain-rich	☐	☐
Grits	cup					☐				☐ Instant ☐ Quick ☐ Regular	☐	☐
Oatmeal	1 cup	40		34	0	☐	0	6		☐ Instant ☐ Quick ☑ Regular	☐	☑
						☐					☐	☐

OTHER BREADS AND GRAINS OFFERED SEPARATELY (**Note**: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal, or biscuit w/ sausage).

A. Food Item	B. Portion Size	C. Total Prepared	C. Sent Off-Site	C. Reimbursable Served	C. Sold A La Carte or to Adults/Others	C. Only sold to adults	C. Left Over for Later Use	C. Wasted	D.	E. Food Description	F.	G.
Bagel w/ peanut butter	3 oz.	6		6	0	☐	0	0		Specify type: 100% whole wheat	☐	
Biscuit	oz.					☐				☐ Reduced fat	☐	☐
Danish	oz.					☐				☐ Reduced fat ☐ Low fat ☐ Fruit ☐ Cheese	☐	
Doughnut w/ cereal	2.2 oz.	15		13	2	☐	0	0	Super bakery #6001	☑ Icing/glaze ☐ No Icing/glaze	☐	
English muffin, plain	oz.					☐				Specify type: _____	☐	

REIMBURSABLE FOODS FORM: BREAKFAST

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite					Manufacturer/Brand Name and Product Code (If Applicable)			
	Portion Size (Include Units)			Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted				
Food Item										Food Description		
English muffin, buttered	oz.					☐				☐ Margarine ☐ Butter	☐	☐
Granola/cereal bar	oz.					☐				☐ Low fat Specify type: _____	☐	
Muffin w/ cereal	2 oz.	20		19	0	☐	1	0	Sara lee #4911	☑ Reduced fat Specify type: blueberry_____	☐	☐
Pancake	oz.					☐				☐ Reduced fat Specify type: _____	☐	☐
Roll, cinnamon	oz.					☐				☐ Icing ☐ No Icing	☐	☐
Toast, plain	oz.					☐				Specify type: _____	☐	
Toast, buttered	oz.					☐				Specify type: _____ ☐ Margarine ☐ Butter	☐	☐
Toaster pastry	oz.					☐				☐ Low fat	☐	
Waffles	oz.					☐				☐ Plain ☐ Fruit ☐ Chocolate chip ☐ Other:_____	☐	☐
Waffle sticks	ea.					☐				☐ Plain ☐ Fruit ☐ Chocolate chip ☐ Other:_____ **Weight of each stick:_____oz.**	☐	☐
						☐					☐	☐
						☐					☐	☐

MEATS AND MEAT ALTERNATES OFFERED SEPARATELY (**Note**: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).

A.	B.	C.							D.	E.	F.	G.
Bacon	sl					☐				☐ Pork ☐ Turkey ☐ Vegetarian	☐	
Eggs	oz.					☐				☐ Scrambled ☐ Hard boiled ☐ Fried	☐	☐
Cheese	oz.					☐				☐ Reduced sodium	☐	
Peanut butter or other nut/seed butter w/ bagel	1 oz.	6		6	0	☐	0	0		☑ Reduced fat ☐ Reduced sugar Specify type: _____	☑	
Sausage	oz.					☐				☐ Reduced sodium ☐ Beef or pork ☐ Chicken or turkey ☐ Vegetarian	☐	

5

A.	B.	C.						D.	E.	F.	G.
		Number of Portions								Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite							
Food Item	Portion Size *(Include Units)*	Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	Manufacturer/Brand Name and Product Code *(If Applicable)*	Food Description		
Yogurt	oz.					☐				Specify type: ☐ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☐ Light Specify flavors: _____	☐	
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

COMBINATION ITEMS

A.	B.	C.						D.	E.	F.	G.
Breakfast burrito	oz.					☐				☐ Eggs ☐ Cheese ☐ Beans ☐ Potato ☐ Other:_____	☐	☐
Egg sandwich	3.5 oz 1 ~~sandwich~~	20		20	0	☐	0	0	Sysco #4629	☑ Cheese ☑ Sausage ☐ Ham ☐ Bacon ☐ Other:_____ Specify bread type: _wheat English muffin_____	☐	☐
French toast	oz.					☐				☐ Reduced fat	☐	☐
French toast sticks	ea.					☐				☐ Reduced fat **Weight of each stick:_____oz**	☐	☐
Grilled cheese	1 sandwich					☐				☐ Reduced fat	☐	☐
Pancake on a stick	2.5 oz.	10		9	1	☐	0	0	State fair #70601	☑ Beef or pork ☐ Chicken or turkey	☐	
Pizza	oz.					☐				☐ Reduced fat ☐ Reduced sodium Specify toppings: _____	☐	☐
Quesadilla	oz.					☐				Specify type:	☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

CONDIMENTS

A.	B.	C.						D.	E.	F.	G.
Self-serve condiments or fixins' bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM**			
Butter						☐					☐	
Cream cheese						☐				☐ Regular ☐ Light ☐ Fat free	☐	
Gravy						☐				☐ Regular ☐ Light ☐ Fat free	☐	☐

A. Food Item	B. Portion Size *(Include Units)*	C. Number of Portions Total Prepared	Sent Off-Site	Onsite Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Honey						☐					☐	
Jelly	1 oz	10		5	0	☐	5	0		☐ Regular ☐ Sugar free ☐ Reduced sugar	☐	
Ketchup						☐				☐ Reduced sodium	☐	
Margarine						☐					☐	
Salsa						☐				☐ Low sodium	☐	☐
Syrup *w/ pancake on a stick*	2 oz	10		9	1	☐	0	0		☐ Regular ☐ Reduced calorie ☑ Sugar free	☐	
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

OTHER MENU ITEMS

A. Food Item	B.	Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D.	E.	F.	G.
Grab-n-Go breakfast	1 box	4		4	0	☐	0	0			☐	☑
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

REIMBURSABLE FOODS FORM: BREAKFAST

A.	B.	C.							D.	E.	F.	G.
		Number of Portions										
		Total Prepared	Sent Off-Site	**Onsite**								
Food Item	**Portion Size** *(Include Units)*			Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	**Check Box if USDA Food**	**Check Box if Prepared from a Recipe**
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

F02.1C. SAMPLE REIMBURSABLE FOODS FORM:

LUNCH (GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

SAMPLE

2024-2025 NATIONAL SCHOOL FOODS STUDY
REIMBURSABLE FOODS FORM: LUNCH

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

Reimbursable Meal Counts	
How many reimbursable lunches did you **plan to serve** at your school this day?	150
How many reimbursable lunches **did you serve** at your school this day?	125

School Name: John Smith Middle   **Date:** 1/20/25   **Day:** ☑ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									**Check Box if USDA Food**	**Check Box if Prepared from a Recipe**
				Onsite								
Food Item	**Portion Size (Include Units)**	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code (If Applicable)**	**Food Description**		
MILK												
White, fat free/skim	8 fl oz.	50		20	5	☐	25	0				
White, 1%	8 fl oz.	50		22	2	☐	26	0				
White, 2%	fl oz.					☐						
White, whole	fl oz.					☐						
Chocolate, fat free/skim	8 fl oz.	75		43	7	☐	25	0		☐ Reduced sugar		
Chocolate, 1%	fl oz.					☐				☐ Reduced sugar		
Chocolate, 2%	fl oz.					☐				☐ Reduced sugar		
Lactose free	8 fl oz.	75		40	8	☐	27	0		☐Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar		
Other flavor Specify: strawberry	fl oz.					☐				☑ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Non-dairy milk alternative, Specify type: _____	fl oz.					☐				☐ Fat free ☐ Light ☐ Reduced sugar ☐ Sweetened ☐ Unsweetened Specify flavor(s): _____	☐	☐

A. Food Item	B. Portion Size (Include Units)	C. Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.)												
Apple	1/2 cup	50		50	0	☐	0	0		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Applesauce	1/2 cup	50		37	7	☐	4	2		☐ Sweetened ☑ Unsweetened	☑	
Apricots	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Banana	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Blueberries	cup					☐				☐ Fresh ☐ Frozen ☐ Sweetened ☐ Unsweetened	☐	
Fruit cocktail	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Grapes	1/2 cup	50		50	0	☐	0	0		☑ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Kiwi	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Mandarin oranges	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Orange	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Peaches	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	

A. Food Item	B. Portion Size (Include Units)	C. Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
				Number of Portions — Onsite								
Pears	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Pineapple	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Raisins	1/4 cup ~~oz.~~	50		41	4	☐	5	0			☐	
Strawberries	cup					☐				☐ Fresh ☐ Frozen ☐ Sweetened ☐ Unsweetened	☐	
						☐					☐	☐

JUICES (**Note:** Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. Fruit drinks that are not 100% juice should be entered in the "Desserts, Drinks, and Snacks" section.)

A. Food Item	B. Portion Size	C. Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D.	E. Food Description	F.	G.
Apple juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Grape juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Orange juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Fruit juice blend	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Frozen juice cup/bar	fl oz.					☐				Specify flavor: _____ ☐ Reduced sugar	☐	
	fl oz.					☐					☐	☐

VEGETABLES (**Note**: If beans or peas are being counted as a meat alternate and not a vegetable choice, enter them in the "Other Entrees and Meat/Meat Alternates" section.)

A. Food Item	B. Portion Size	C. Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D.	E. Food Description	F.	G.
Baked beans	cup					☐				☐ Vegetarian ☐ With meat	☐	☐
Beans, green	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____	☐	

A. Food Item	B. Portion Size (Include Units)	C. Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Broccoli	1/2 cup	30		30	0	☐	0	0		From: ☐ Fresh ☑ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Carrots	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Cauliflower	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Celery, raw	cup					☐			**If offered, list dip as separate item(s) or complete a RECIPE FORM**		☐	☐
Corn, kernels	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	
Cucumber, raw	cup					☐			**If offered, list dip as separate item(s) or complete a RECIPE FORM**		☐	☐
French fries	cup					☐				☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium	☐	
Lettuce and tomato (for sandwiches)	cup					☐					☐	
Mixed vegetables	1/2 cup	30		10	2	☐	0	18		☐ Fresh ☑ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _margarine_	☐	☐
Peas, green	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	
Potatoes, whipped or mashed	cup					☐				☐ From fresh	☐	☐
Refried beans	1/4 cup	30		19	7	☐	0	4		☐ From dry ☑ Canned ☑ Low sodium ☐ Fat added, specify type: _____	☐	☐

4

A. Food Item	B. Portion Size *(Include Units)*	C. Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
						Number of Portions						
						Onsite						
Red peppers	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Green peppers	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Sweet potatoes	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	☐
Sweet potato fries or tots	cup					☐				☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium	☐	
Side salad bar (non-entrée or small portion)	1 serving	150		110	35	☐	0	5	**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Side salad	cup					☐			Specify items: **List dressing and any bread/grain items offered with the tossed salad as separate item(s)**		☐	☐
Tater tots or shapes	cup					☐				☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium	☐	
Tomato, raw	cup					☐			**If offered, list dip as separate item(s) or complete a RECIPE FORM**		☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

A.	B.	C.							D.	E.	F.	G.
		Number of Portions										
				Onsite								
Food Item	Portion Size *(Include Units)*	Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	Manufacturer/Brand Name and Product Code *(If Applicable)*	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
SANDWICHES (**Note:** In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a peanut butter sandwich with a cheese stick, or a grilled cheese sandwich with a yogurt.)												
Cheeseburger	1 sandwich					☐					☐	☐
Chicken filet or breast (not breaded)	1 sandwich					☐					☐	☐
Chicken patty (breaded)	1 sandwich					☐					☐	☐
Fish sandwich	1 sandwich					☐				☐ Breaded	☐	☐
Grilled cheese	1 sandwich	18		8	3	☐	7	0			☐	☑
Ham and cheese	1 sandwich					☐					☐	☐
Hamburger	1 sandwich					☐					☐	☐
☐ Hot dog	1 sandwich					☐				☐ Beef or pork ☐ Vegetarian ☐ Chicken or turkey	☐	☐
Italian sub	1 sandwich					☐					☐	☐
Peanut butter (or other nut/seed butter) & jelly w/ yogurt	4.8oz sandwich	5		5	0	☐	0	0	Uncrustable 515000655	☐ Reduced sugar Specify type:_____	☐	☐
Rib, barbeque	1 sandwich					☐					☐	☐
Sloppy joe	1 sandwich					☐				☐ Beef ☐ Pork ☐ Chicken or turkey	☐	☐
Turkey	1 sandwich					☐					☐	☐
Tuna salad	1 sandwich	5		0	0	☐	0	5			☐	☑
Veggie burger	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐
ENTRÉE SALADS (**Note:** List dressing and any bread/grain items offered with an entrée salad as separate item(s). Also, add a note in Column A if a particular bread/grain item is offered only with a particular entrée salad.)												
Chef's salad	1 salad					☐					☐	☐
Chicken Caesar salad	1 salad					☐					☐	☐
Taco salad	1 salad					☐					☐	☐
Greek salad w/ chicken	1 salad	6		2	3	☐	1	0			☐	☑
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS												
Entrée salad bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Potato bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Nacho/taco bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Sandwich/deli bar	1 serving	38		25	5	☐	0	8	**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Pasta/Italian bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			

A. Food Item	B. Portion Size (Include Units)	C. Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
OTHER ENTREES AND MEAT/MEAT ALTERNATES (**Note**: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a cheese stick with a peanut butter sandwich, a yogurt with a grilled cheese sandwich, or chicken nuggets with a roll).												
Beans or peas (Specify type) _____	cup					☐				☐ From dry ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	☐
Burrito	3.9 oz.	28		20	0	☐	8	0	Fernandos 90122	☑ Bean ☐ Beef ☐ Chicken ☑ Cheese ☐ Other:_____	☐	☐
Cheese (string cheese or cubes)	oz.					☐				☐ Reduced fat ☐ Reduced sodium	☐	
Cheese breadstick or pizza stick	oz.					☐				☐ Reduced fat ☐ Reduced sodium Specify filling(s): _____	☐	
Chicken nuggets (breaded)	ea.					☐				☐ Oven-baked ☐ Deep-fried **Weight of each nugget:_____oz.**	☐	
Chicken strips (not breaded)	oz.					☐					☐	
Chicken patty (not sandwich)	oz.					☐				☐ Oven-baked ☐ Deep-fried	☐	
Chicken piece(s) (Specify part)_____	oz.					☐				☐ Breaded ☐ With skin ☐ Oven-baked ☐ Deep-fried	☐	☐
Corndog	oz.					☐				☐ Beef or pork ☐ Chicken or turkey	☐	
Egg rolls	ea.					☐				☐ Meatless ☐ Beef or pork ☐ Chicken or turkey **Weight of each egg roll:_____oz.**	☐	☐
Fish sticks or nuggets	ea.					☐				☐ Oven-baked ☐ Deep-fried ☐ Breaded **Weight of each nugget/stick:_____oz.**	☐	
Macaroni and cheese	cup					☐					☐	☐
Nachos	oz.					☐					☐	☐
Peanut butter (or other nut/seed butter)	oz.					☐				☐ Reduced fat ☐ Reduced sugar Specify type:_____	☐	
Pizza, cheese	5.5 oz.	30		30	0	☐	0	0	Tonys 72671	☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐
Pizza, pepperoni	4.98 oz.	25		21	4	☐	0	0	Tonys 78369	☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐

8

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions — Total Prepared	Sent Off-Site	Onsite — Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Pizza, sausage	oz.					□				□ Reduced fat □ Reduced sodium □ Thick crust (deep-dish, bagel, French bread)	□	□
Pizza, vegetarian	oz.					□				□ Reduced fat □ Reduced sodium □ Thick crust (deep-dish, bagel, French bread) Specify toppings:_____	□	□
Pizza pocket	oz.					□				□ Reduced fat □ Reduced sodium Specify filling:_____	□	□
Stir fry with rice or noodles	cup					□					□	□
Spaghetti with sauce w/ roll	1 cup	15		14	0	□	0	1		☑ Meat sauce □ Marinara sauce	□	☑
Taco	oz.					□				□ Hard shell □ Soft tortilla □ Bean □ Beef □ Chicken □ Cheese	□	□
Yogurt w/ peanut butter	oz.	5		5	0	□	0	0		Specify type: ☑ Regular □ Greek (high protein) Specify fat: □ Whole ☑ Low fat □ Fat free □ Light Specify flavors: _Vanilla_____	□	
sandwich						□					□	□
						□					□	□

BREADS AND GRAINS OFFERED SEPARATELY (**Note:** In Column A, indicate whether any items in this section were offered only with a particular entrée or meat/meat alternate. For example, crackers with Chef's salad or a roll with chicken nuggets.)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions — Total Prepared	Sent Off-Site	Onsite — Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Biscuit	oz.					□				□ Reduced fat	□	□
Bread, plain	oz.					□				Specify type:_____	□	
Bread, buttered	oz.					□				Specify type:_____ □ Margarine □ Butter	□	□
Breadstick	oz.					□				Specify type:_____	□	□
Cornbread	oz.					□					□	□
Crackers w/ Greek salad	4 oz.	6		2	3	□	1	0		□ Baked □ Reduced sodium Specify type: _whole wheat_____	□	
Croutons	oz.					□					□	
Rice	cup					□				□ White □ Brown □ Wild	□	□
Roll w/ spaghetti	1 oz.	15		14	0	□	1	0		Specify type:___white_____	□	□
Pasta	cup					□					□	

A. Food Item	B. Portion Size *(Include Units)*	C. Total Prepared	C. Sent Off-Site	C. Reimbursable Served	C. Sold A La Carte or to Adults/Others	C. Only sold to adults	C. Left Over for Later Use	C. Wasted	D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Pretzels	oz.					☐				☐ Soft ☐ Hard ☐ Salted ☐ Unsalted ☐ Lightly salted	☐	
Tortilla chips	oz.					☐				☐ Reduced sodium	☐	
						☐					☐	☐
						☐					☐	☐
DESSERTS, DRINKS, AND OTHER SIDES OFFERED AS PART OF A REIMBURSABLE MEAL												
Brownie	oz.					☐				☐ Icing/glaze ☐ No Icing/glaze ☐ Reduced fat	☐	☐
Cake	oz.					☐				☐ Reduced fat Specify type: _____	☐	☐
Cookie	oz.					☐				☐ Reduced fat ☐ Low fat Specify type: _____	☐	☐
Fruit crisp or cobbler	oz.					☐				Specify type: _____	☐	☐
Fruit drink (not 100% juice)	fl oz.					☐				Specify type: _____	☐	
Fruit turnover	oz.					☐				☐ Reduced fat ☐ Low fat Specify type: _____	☐	☐
Gelatin (Jell-O)	cup					☐				☐ With fruit ☐ With whipped topping	☐	☐
Potato chips	oz.					☐				☐ Reduced fat ☐ Reduced sodium ☐ Baked Specify flavor: _____	☐	
						☐					☐	☐
						☐					☐	☐
SALAD DRESSINGS												
Caesar dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
French dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
Honey mustard dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
Italian dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐

A. Food Item	B. Portion Size *(Include Units)*	C. Number of Portions						D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted				
Ranch dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
Greek dressing	2 Tbs	6		2	3	☐	1	0		☑ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
CONDIMENTS												
Self-serve condiments or fixins' bar	1 serving	169		125	15	☐	29	0	**Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM**			
Barbeque sauce						☐					☐	
Butter						☐					☐	
Cream cheese						☐				☐ Regular ☐ Light ☐ Fat free	☐	
Gravy						☐				☐ Regular ☐ Fat free	☐	☐
Honey						☐					☐	
Hot sauce						☐					☐	
Jalapeno peppers						☐					☐	
Jelly						☐				☐ Regular ☐ Sugar free ☐ Reduced sugar	☐	
Ketchup						☐				☐ Reduced sodium	☐	
Margarine						☐					☐	
Mayonnaise						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	
Mustard						☐					☐	
Pickles, slices						☐					☐	
Ranch dip						☐				☐ Regular ☐ Light ☐ Fat free	☐	☐
Relish						☐					☐	
Salsa						☐				☐ Low sodium	☐	☐
Sour cream						☐				☐ Regular ☐ Light ☐ Fat free	☐	
Syrup						☐				☐ Regular ☐ Reduced calorie ☐ Sugar free	☐	
Tartar sauce						☐				☐ Regular ☐ Reduced fat	☐	☐

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									**Check Box if USDA Food**	**Check Box if Prepared from a Recipe**
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
	☐					☐					☐	☐
	☐					☐					☐	☐
OTHER MENU ITEMS												
	☐					☐					☐	☐
	☐					☐					☐	☐
	☐					☐					☐	☐
	☐					☐					☐	☐
	☐					☐					☐	☐
	☐					☐					☐	☐
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	☐					☐					☐	☐
	☐					☐					☐	☐

F02.1D SAMPLE RECIPE FORM (GROUP 2A, GROUP 3)

SAMPLE

Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle   **Recipe/Food Name:** Oatmeal

Meal: 1 ☑ Breakfast   2 ☐ Lunch   3 ☐ Other, specify:_____

Day: 1 ☑ Mon   2 ☐ Tue   3 ☑ Wed   4 ☐ Thu   5 ☑ Fri   **Size of One Serving *(include units)*:** 1 cup

6 ☐ All   **Number of Servings Prepared:** 40

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
Rolled oats	20 cups		Dry	☑	☐
1% milk	2.5 gallons			☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

SAMPLE

Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle   **Recipe/Food Name:** Grab-n-Go breakfast

Meal: 1 ☑ Breakfast   2 ☐ Lunch   3 ☐ Other, specify:_____

Day: 1 ☐ Mon   2 ☐ Tue   3 ☐ Wed   4 ☐ Thu   5 ☐ Fri   **Size of One Serving** *(include units)*: 1 box

         6 ☑ All   **Number of Servings Prepared:** 1

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
milk	8 oz		white 1%	☐	☐
orange juice	4 oz			☐	☐
apple	1 medium		fresh	☐	☐
cheerios	2 oz		plain	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

SAMPLE

Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle   **Recipe/Food Name:** Grilled cheese sandwich

Meal: 1 ☐ Breakfast   2 ☑ Lunch   3 ☑ Other, specify: outside of meal periods

Day: 1 ☑ Mon   2 ☐ Tue   3 ☑ Wed   4 ☐ Thu   5 ☐ Fri   **Size of One Serving (include units):** 1 sandwich

6 ☐ All   **Number of Servings Prepared:** 1

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
Bread	2 slices		100% whole wheat	☐	☐
Cheese	2 oz		Cheddar	☐	☐
Margarine	1 tsp			☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

SAMPLE

Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle   **Recipe/Food Name:** tuna salad sandwich

Meal: 1 ☐ Breakfast   2 ☑ Lunch   3 ☑ Other, specify: outside of meal periods

Day: 1 ☐ Mon   2 ☐ Tue   3 ☐ Wed   4 ☐ Thu   5 ☑ Fri   **Size of One Serving *(include units)*:** 1 sandwich

   6 ☑ All   **Number of Servings Prepared:** 1

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
Tuna salad	1 #12 scoop			☐	☑
Bread	2 slices		100% whole wheat	☐	☐
Lettuce	2 small leaves		Iceberg	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

SAMPLE

Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle **Recipe/Food Name:** tuna salad for sandwich and deli bar

Meal: 1 ☐ Breakfast 2 ☑ Lunch 3 ☐ Other, specify:_____

Day: 1 ☐ Mon 2 ☐ Tue 3 ☐ Wed 4 ☐ Thu 5 ☐ Fri

6 ☑ All

Size of One Serving *(include units)*: 1 #12 scoop

Number of Servings Prepared: 24

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
Tuna	66.5 oz		Chunklight in water	☑	☐
Celery	4 cups		Fresh, diced	☐	☐
Pickle relish	1 cup		sweet	☐	☐
Mayonnaise	3 cups		Regular	☐	☐
Salt	2 Tb			☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

SAMPLE

Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle   **Recipe/Food Name:** Greek salad with chicken

Meal: 1 ☐ Breakfast   2 ☑ Lunch   3 ☐ Other, specify:_____

Day: 1 ☑ Mon   2 ☐ Tue   3☐ Wed   4 ☐ Thu   5 ☐Fri   **Size of One Serving (include units):** 1 salad

        6 ☐ All   **Number of Servings Prepared:** 1

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
Spinach	1 cup		Fresh, baby	☐	☐
Bell pepper	3 slices		Green, sliced	☐	☐
Cucumber	3 slices		Sliced, w/peel	☐	☐
Onion	2 slices		White, sliced	☐	☐
Olives	1 Tbs		Black, canned	☐	☐
Cheese	1 Tbs		Feta	☐	☐
Chicken	2 oz		Baked, breast, no skin	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

SAMPLE

Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle   **Recipe/Food Name:** spaghetti w/meat sauce

Meal: 1 ☐ Breakfast   2 ☑ Lunch   3 ☐ Other, specify:_____

Day: 1 ☑ Mon   2 ☐ Tue   3 ☐ Wed   4 ☐ Thu   5 ☐ Fri

　　　　　6 ☐ All

Size of One Serving *(include units)*: 1 cup

Number of Servings Prepared: 50

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
			Recipe attached	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

SAMPLE

Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle   **Recipe/Food Name:** fruit and yogurt parfait

Meal: 1 ☐ Breakfast   2 ☑ Lunch   3 ☑ Other, specify: outside of meal periods

Day: 1 ☐ Mon   2 ☐ Tue   3 ☐ Wed   4 ☐ Thu   5 ☐ Fri   **Size of One Serving** *(include units)*: 8 oz

     6 ☑ All   **Number of Servings Prepared:** 1

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
Blueberries	1/8 cup		frozen	☐	☐
Strawberries	1/8 cup		frozen, sliced	☑	☐
Banana	1/4 cup		fresh, sliced	☐	☐
Yogurt	1/2 cup		Lowfat, vanilla	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

F02.1E SAMPLE SELF-SERVE/MADE-TO-ORDER BAR FORM (GROUP 2A, GROUP 3)

SAMPLE

Self-Serve/Made-to-Order Bar Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle

Name of Bar: Side Salad bar

Meal: 1 ☐ Breakfast   2 ☑ Lunch   **Day:**   1☑ All   2☐ Mon   3☐ Tue   4☐ Wed   5☐ Thu   6☐ Fri

A.	B.	C.	D.	E.	F.
Food Name	*Portion Size, If Pre-portioned (Include units)*	**Manufacturer/ Brand Name and Product Code** *(if applicable)*	Food Description	**Check Box if USDA Food**	**Check Box if Prepared from a Recipe**
Lettuce			Romaine	☐	☐
Spinach			Baby	☐	☐
Broccoli			Chopped	☐	☐
Cucumber			Sliced	☐	☐
Tomato			Wedges	☐	☐
Carrot			Baby	☐	☐
				☐	☐
Ranch dressing			Low-fat	☐	☐
French dressing			Regular	☐	☐
Italian dressing			Fat-free	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Self-Serve/Made-to-Order Bar Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle   **Name of Bar:** deli bar

Meal: 1 ☐ Breakfast   2 ☑ Lunch   **Day:** 1☑ All 2☐ Mon 3☐ Tue 4☐ Wed 5☐ Thu 6☐ Fri

A.	B.	C.	D.	E.	F.
Food Name	Portion Size, If Pre-portioned (Include units)	Manufacturer/ Brand Name and Product Code *(if applicable)*	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
bread	2 slices		White	☐	☐
bread	2 slices		100% whole wheat	☐	☐
Italian roll	3 oz		White	☐	☐
mozzarella cheese	1 oz		Part skim, sliced	☐	☐
American cheese	1 oz		Reduced fat, sliced	☐	☐
turkey	2 oz		Oven-baked	☐	☐
ham	2 oz		Reduced fat	☐	☐
tuna salad	#12 scoop			☐	☑
Chicken strips	2 oz	Tyson 70351-928	White meat, low sodium	☐	☐
tomato			Sliced	☐	☐
lettuce			Iceberg	☐	☐
maoyonnaise	1 Tbs			☐	☐
mustard	1 Tbs			☐	☐
peanut butter	2 Tbs		Smooth, regular	☐	☐
jelly	2 Tbs		grape	☐	☐
				☐	☐

Self-Serve/Made-to-Order Bar Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle

Name of Bar: condiment bar

Meal: 1 ☐ Breakfast 2 ☑ Lunch

Day: 1 ☑ All 2 ☐ Mon 3 ☐ Tue 4 ☐ Wed 5 ☐ Thu 6 ☐ Fri

A.	B.	C.	D.	E.	F.
Food Name	Portion Size, If Pre-portioned (Include units)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
Ketchup				☐	☐
Ranch dip			Reduced fat	☐	☐
Mayonnaise			Regular	☐	☐
mustard				☐	☐
Sour cream				☐	☐
Hot sauce				☐	☐
Salsa			Low sodium	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

F02.1F. SAMPLE NSLP AFTERSCHOOL SNACK FORM (GROUP 2A, GROUP 3)

SAMPLE

2024-2025 NATIONAL SCHOOL FOODS STUDY

NSLP Afterschool Snack Form

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle

1. Please indicate the days that NSLP afterschool snacks were prepared or served during the target week:

    ☑ Monday
    ☐ Tuesday
    ☑ Wednesday
    ☑ Thursday
    ☐ Friday

NSLP Afterschool Snack Form

Day: ☑ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri | **Number of Reimbursable Snacks Served Onsite:** _48_____

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions — Total Prepared/ Available	C. Sent Off-Site	C. Onsite — Reimb-ursable Served	C. Onsite — Left Over for Later Use	C. Wasted	D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Milk										
White	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole		
Chocolate	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Lactose free	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar		
Other flavor, Specify: _____	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor, Specify: _____	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
									☐	
									☐	☐
Fruit										
Apple	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Applesauce, canned	cup							☐ Sweetened ☐ Unsweetened	☐	
Banana	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Fruit cocktail	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Orange	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite						
				Reimb-ursable Served	Left Over for Later Use	Wasted				
Raisins	oz.								☐	
Juices										
Apple juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Orange juice	6 fl oz.	50		48	2			☐ Calcium added ☐ Reduced sugar	☐	
Grape juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)										
Carrots	cup							From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____	☐	☐
Celery	cup								☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
Combination Items and Entrées										
Peanut butter & jelly sandwich	1 sandwich							☐ Whole grain-rich	☐	☐
Pizza	oz.							☐ Whole grain-rich ☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread) Specify toppings:_____	☐	☐
Sandwich	1 sandwich							☐ Whole grain-rich ☐ Reduced fat ☐ Reduced sodium Specify type:_____	☐	☐
									☐	☐
									☐	☐

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite Reimb-ursable Served	Onsite Left Over for Later Use	Wasted				
									☐	☐
									☐	☐
Meat and Meat Alternates										
Cheese	oz.							☐ Reduced fat Specify type:_____	☐	
Trail mix	oz.							☐ Sweetened ☐ Unsweetened Specify type(s): _____	☐	☐
Yogurt	oz.							Specify type: ☐ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____	☐	
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
Breads and Grains										
Bagel	oz.							☐ Whole grain-rich Specify type: _____	☐	
Cereal	oz.							☐ Whole grain-rich ☐ Reduced sugar Specify type:_____	☐	
Cookie	oz.							☐ Whole grain-rich ☐ Reduced fat ☐ Low fat Specify type:_____	☐	☐
Crackers	2 oz.	50		48	2			☐ Whole grain-rich ☐ Baked ☐ Reduced sodium Specify type:____animal crackers____	☐	
Granola bar	oz.							☐ Whole grain-rich ☐ Low fat Specify type:_____	☐	

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite						
				Reimb-ursable Served	Left Over for Later Use	Wasted				
Pretzels	oz.							☐ Whole grain-rich ☐ Soft ☐ Hard ☐ Salted ☐ Unsalted ☐ Lightly salted	☐	
Tortilla chips	oz.							☐ Whole grain-rich ☐ Reduced sodium Specify type:_____	☐	☐
								☐ Whole grain-rich	☐	☐
								☐ Whole grain-rich	☐	☐
								☐ Whole grain-rich	☐	☐
Desserts and Other Items										
Fruit snacks/fruit leather	oz.								☐	
Fruit drink (less than 100% juice)	fl oz.								☐	
Pudding								☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____	☐	☐
									☐	☐
									☐	☐
Condiments										
Ranch dip								☐ Regular ☐ Light ☐ Fat free	☐	☐
Cream cheese								☐ Regular ☐ Light ☐ Fat free	☐	
Ketchup								☐ Reduced sodium	☐	
									☐	☐

F02.1G. SAMPLE CACFP AFTERSCHOOL SNACK AND SUPPER FORM (GROUP 2A, GROUP 3)

SAMPLE

2024-2025 NATIONAL SCHOOL FOODS STUDY

CACFP Afterschool Snack and Supper Form

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle

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1. Please indicate the days that CACFP afterschool snacks and/or suppers were prepared or served during the target week:

   ☑ Monday
   ☐ Tuesday
   ☑ Wednesday
   ☐ Thursday
   ☑ Friday

CACFP Afterschool Snack and Supper Form

Day: ☑ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri	Number of Reimbursable Snacks and/or Suppers Served Onsite: 30_____

A.	B.	C.					D.	E.	F.	G.
		Number of Portions							Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite						
Food Item	**Portion Size (Incl. Units)**	**Total Prepared/ Available**	**Sent Off-Site**	**Reimb-ursable Served**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code (If Applicable)**	**Food Description**		
Milk										
White	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole		
Chocolate	8 fl oz.	35		30	5			☑ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Lactose free	fl oz							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar		
Other flavor, Specify: _____	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor, Specify: _____	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
									☐	
									☐	☐
Fruit										
Apple	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Applesauce, canned	1/2 cup	35		30	5			☐ Sweetened ☑ Unsweetened	☑	
Banana	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Fruit cocktail	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Orange	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite						
				Reimb-ursable Served	Left Over for Later Use	Wasted				
Raisins	oz.								☐	
									☐	☐
									☐	☐
Juices										
Apple juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Orange juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Grape juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
									☐	☐
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)										
Carrots	cup							From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____	☐	☐
Celery, raw	cup								☐	
French fries	cup							☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium	☐	
Salad, tossed	cup							Specify items:	☐	☐
Refried beans	*1/2* cup	*35*		*30*	*5*			*Canned, low sodium*	☐	☐
									☐	☐
Combination Items and Entrées										
Burrito	*3.9* oz.	*35*		*30*	*5*		*Fernandos 90122*	☐ Bean ☑ Beef ☐ Chicken ☑ Cheese	☐	☐
Cheeseburger	1 sandwich								☐	☐
Entrée salad	1 salad							List dressing as a separate item in the condiments section	☐	☐

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite						
				Reimb-ursable Served	Left Over for Later Use	Wasted				
Grilled cheese sandwich	1 sandwich								☐	☐
Hamburger	1 sandwich								☐	☐
Macaroni and cheese	cup								☐	☐
Peanut butter & jelly sandwich	1 sandwich							☐ Whole grain-rich	☐	☐
Pizza	oz.							☐ Whole grain-rich ☐ Reduced fat Specify toppings:	☐	☐
Sandwich	1 sandwich							☐ Whole grain-rich Specify type:_____	☐	☐
Spaghetti with sauce	cup							☐ Meat sauce ☐ Marinara sauce	☐	☐
Taco								☐ Hard shell ☐ Soft tortilla ☐ Bean ☐ Beef ☐ Chicken ☐ Cheese	☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
Meat and Meat Alternates										
Cheese	oz.							☐ Reduced fat Specify type:	☐	
Chicken nuggets (breaded)	ea.							☐ Oven-baked ☐ Deep-fried Weight of each nugget: oz	☐	☐
Chicken strips (not breaded)	oz.								☐	
Peanut butter	oz.							☐ Reduced fat	☐	☐

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite						
				Reimb-ursable Served	Left Over for Later Use	Wasted				
Trail mix	oz.							Specify ingredients:	☐	☐
Yogurt	oz.							Specify type: ☐ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____	☐	☐
									☐	☐
									☐	☐
Breads and Grains										
Bagel	oz.							☐ Whole grain-rich Specify type: _____	☐	
Cereal	oz.							☐ Whole grain-rich ☐ Reduced sugar Specify type:_____	☐	
Cookie	oz.							☐ Whole grain-rich ☐ Reduced fat ☐ Low fat Specify type:_____	☐	☐
Crackers	oz.							☐ Whole grain-rich ☐ Baked ☐ Reduced sodium Specify type:_____	☐	
Granola bar	oz.							☐ Whole grain-rich ☐ Low fat Specify type:_____	☐	
Pretzels	oz.							☐ Whole grain-rich ☐ Soft ☐ Hard ☐ Salted ☐ Unsalted ☐ Lightly salted	☐	
Tortilla chips	oz.							☐ Whole grain-rich ☐ Reduced sodium Specify type:_____	☐	☐
								☐ Whole grain-rich	☐	☐
								☐ Whole grain-rich	☐	☐
								☐ Whole grain-rich	☐	☐
								☐ Whole grain-rich	☐	☐

A. Food Item	B. Portion Size (Incl. Units)	C. Total Prepared/ Available	Sent Off-Site	Reimb-ursable Served	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
Desserts and Other Items										
Fruit snacks/fruit leather	oz.								☐	
Fruit drink (less than 100% juice)	fl oz.								☐	
Pudding	oz.							☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____	☐	☐
									☐	☐
									☐	☐
Condiments										
Ranch dip								☐ Regular ☐ Light ☐ Fat free	☐	☐
Cream cheese								☐ Regular ☐ Light ☐ Fat free	☐	
Ketchup								☐ Reduced sodium	☐	
Mayonnaise								☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	
Mustard								☐ Regular ☐ Reduced fat ☐ Low-fat ☐ Fat free	☐	
Italian dressing								☐ Regular ☐ Light ☐ Fat free ☐ Reduced calorie	☐	☐
Ranch dressing								☐ Regular ☐ Light ☐ Fat free ☐ Reduced calorie	☐	☐
Salsa	2 Tb	35		30	5			Low sodium, canned	☑	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐

F02.10H. FORM FOR NON-PROGRAM FOODS SOLD BY FOOD SERVICE (GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

Form for Non-Program Foods Sold by School Food Service

NOTES:

- *For instructions on completing this form, please refer to Instructions for the Menu Survey.*
- *Use this form to report non-program foods – that is, foods that are sold **only** outside of reimbursable meals.*
- *Include **only** non-program foods that are supplied or stocked by your school food service department.*
- *For each food item, record the number of portions sold to students. You can provide this information either each day of the target week or as a total across the week.*

School Name:_____John Smith Middle_____

Where Sold: ☐ Serving line breakfast ☑ Serving line lunch ☐ Snack bar ☑ Vending Machine ☐ Food Cart ☐ Kiosk ☑ School Store ☐ Food Trucks ☐ Other (specify):_____

A. Food Item	B. Portion Size (Incl. Units)	C. Manufacturer/Brand Name and Product Code *(If Applicable)*	D. Food Description	E. Check Box if Whole Grain-Rich	F. Check Box if Prepared from a Recipe	G. Number of Portions Sold							H. Availability		
						Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Sent Off-Site	During breakfast	During lunch	Outside of meal periods
Beverages															
Milk and Dairy Alternatives															
White (unflavored)	fl oz.		☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole										☐	☐	☐
Chocolate	fl oz.		☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar										☐	☐	☐
Lactose free	fl oz.		☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar										☐	☐	☐
Other flavor, Specify: _____	fl oz.		☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar ☐ Sweetened ☐ Unsweetened										☐	☐	☐
Non-dairy milk alternative, Specify type: _____	fl oz.		☐ Fat free ☐ Light ☐ Reduced sugar ☐ Sweetened ☐ Unsweetened Specify flavor(s): _____										☐	☐	☐
	fl oz.												☐	☐	☐
	fl oz.												☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
100% Juice																
Apple juice	10 fl oz.	Minute Maid #: 369-228088	☐ Calcium added ☐ Reduced sugar			23	24	23	34	42				☐	☐	☑
Grape juice	fl oz.		☐ Calcium added ☐ Reduced sugar											☐	☐	☐
Orange juice	fl oz.		☐ Calcium added ☐ Reduced sugar											☐	☐	☐
Fruit juice blend	fl oz.		☐ Calcium added ☐ Reduced sugar											☐	☐	☐
Vegetable juice	fl oz.		☐ Low sodium ☐ Low sugar Specify flavor(s): _____											☐	☐	☐
	fl oz.				☐									☐	☐	☐
	fl oz.				☐									☐	☐	☐
Water Beverages (includes plain or flavored water and water containing juice)																
Water, plain	16.9 fl oz.	Poland spring				45	36	36	25	25				☐	☐	☑
Water, flavored	fl oz.		☐ No calorie ☐ Low calorie ☐ Carbonated Specify flavor(s): _____											☐	☐	☐
Water, with juice	fl oz.		☐ No calorie ☐ Low calorie ☐ Carbonated Specify flavor(s): _____											☐	☐	☐
Gatorade, G-2	12 fl oz.	Pepsico GA 58300	Assorted flavors		☐	4	10	0	28	35				☐	☐	☑
	fl oz.				☐									☐	☐	☐
Snacks																
Snacks – Fruit																
Apple	cup		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water											☐	☐	☐
Applesauce, canned	cup		☐ Sweetened ☐ Unsweetened											☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
Banana	cup		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water											☐	☐	☐
Dried fruit (excluding raisins)	oz.		☐ Sweetened ☐ Unsweetened Specify type(s): _____		☐									☐	☐	☐
Fruit cocktail, canned	cup		☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water											☐	☐	☐
Fruit snacks/fruit leather	oz.													☐	☐	☐
Fruit puree packet	oz.		Specify type(s): _____											☐	☐	☐
Orange	cup		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water											☐	☐	☐
Raisins	oz.													☐	☐	☐
Trail mix	oz.		☐ Sweetened ☐ Unsweetened Specify type(s): _____		☐									☐	☐	☐
					☐									☐	☐	☐
					☐									☐	☐	☐
Snacks – Vegetables (if offered with a dip or salad dressing, list as a separate item in the condiments section)																
Carrots	oz.		From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____											☐	☐	☐
Celery, raw	oz.													☐	☐	☐
French fries	cup		☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium											☐	☐	☐
Sweet potato fries or tots	cup		☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium											☐	☐	☐
Tater tots or shapes	cup		☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium											☐	☐	☐
				☐	☐									☐	☐	☐

A. Food Item	B. Portion Size (Incl. Units)	C. Manufacturer/Brand Name and Product Code (If Applicable)	D. Food Description	E. Check Box if Whole Grain-Rich	F. Check Box if Prepared from a Recipe	G. Number of Portions Sold							H. Availability		
						Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Sent Off-Site	During breakfast	During lunch	Outside of meal periods
				☐	☐								☐	☐	☐
Snacks – Chips, Crackers, and Bakery Products															
Bagel	oz.		Specify type(s): _____	☐	☐								☐	☐	☐
Biscuit	oz.		☐ Reduced fat	☐	☐								☐	☐	☐
Breadstick	oz.		Specify type(s):_____	☐	☐								☐	☐	☐
Cheese-flavored corn snacks	oz.		☐ Reduced fat Specify flavor(s): _____	☐									☐	☐	☐
Crackers	1 oz.	Pepperidge farm	☑ Baked ☐ Reduced sodium Specify type(s):__cheddar goldfish_	☑		10	0	12	7	9			☐	☐	☑
Cold cereal	oz.		☐ Reduced sugar Specify type(s):_____	☐									☐	☐	☐
Cornbread	oz.			☐	☐								☐	☐	☐
Croutons	oz.			☐	☐								☐	☐	☐
Granola/cereal bar	oz.		☐ Low fat Specify type(s): _____	☐	☐								☐	☐	☐
Muffin	oz.		☐ Reduced fat Specify type(s): _____	☐	☐								☐	☐	☐
Pita chips	oz.		Specify flavor(s): _____	☐	☐								☐	☐	☐
Popcorn	0.5 oz.	smartfood	☐ Low sodium ☐ Unsalted ☐ Buttered ☐ Light ☐ Plain Specify flavor(s): ____cheddar__	☐	☐	26	22	37	35	14			☐	☐	☑
Potato chips	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Baked Specify flavor(s): _____		☐								☐	☐	☐
Pretzels	oz.		☐ Soft ☐ Hard ☐ Salted ☐ Unsalted ☐ Lightly salted	☐	☐								☐	☐	☐
Roll, cinnamon	oz.		☐ Icing ☐ No icing	☐	☐								☐	☐	☐
Toaster pastry	oz.		☐ Low fat	☐	☐								☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
Tortilla chips	oz.		☐ Reduced sodium	☐										☐	☐	☐
Vegetable chips	oz.		☐ Low sodium ☐ Low fat Specify type(s): _____	☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
Snacks – Desserts																
Brownie	oz.		☐ Icing/glaze ☐ No Icing/glaze ☐ Reduced fat	☐	☐									☐	☐	☐
Cake	oz.		☐ Reduced fat Specify type(s): _____	☐	☐									☐	☐	☐
Cookie	1.5 oz.	Pillsbury 0048963	☐ Reduced fat ☐ Low fat Specify type(s): __slice and bake___	☑	☐	44	36	36	25	25				☐	☐	☑
Danish	oz.		☐ Reduced fat ☐ Low fat ☐ Fruit ☐ Cheese	☐	☐									☐	☐	☐
Doughnut	oz.		☐ Icing/glaze ☐ No Icing/glaze	☐	☐									☐	☐	☐
Frozen juice cup/bar	oz.		☐ 100% juice Specify flavor(s): _____		☐									☐	☐	☐
Frozen yogurt	oz.		☐ Low fat ☐ Fat free Specify flavor(s): _____		☐									☐	☐	☐
Fruit turnover	oz.		☐ Reduced fat ☐ Low fat Specify type(s): _____	☐	☐									☐	☐	☐
Ice cream	oz.		☐ Reduced fat ☐ Low fat ☐ Fat free Specify flavor(s): _____		☐									☐	☐	☐
Pudding	oz.		☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____		☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code (If Applicable)**	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
Snacks – Meats/Meat Alternates																
Eggs	oz.		☐ Scrambled ☐ Hard boiled ☐ Fried		☐									☐	☐	☐
Meat jerky	oz.		☐ Reduced sodium Specify type(s): _____		☐									☐	☐	☐
Cheese (string cheese or cubes)	oz.		☐ Reduced fat ☐ Reduced sodium		☐									☐	☐	☐
Cheese breadstick or pizza stick	oz.		☐ Reduced fat ☐ Reduced sodium Specify filling(s): _____	☐	☐									☐	☐	☐
Chicken nuggets (breaded)	ea.		☐ Oven-baked ☐ Deep-fried Weight of each nugget:_____oz.	☐	☐									☐	☐	☐
Chicken strips (not breaded)	oz.				☐									☐	☐	☐
Chicken patty (not sandwich)	oz.		☐ Oven-baked ☐ Deep-fried	☐	☐									☐	☐	☐
Chicken piece(s)	oz.		☐ Breaded ☐ With skin ☐ Oven-baked ☐ Deep-fried (Specify part)_____	☐	☐									☐	☐	☐
Sausage	oz.		☐ Reduced sodium ☐ Beef or pork ☐ Chicken or turkey		☐									☐	☐	☐
Smoothie	oz.		☐ Low fat ☐ Fat free Specify flavor(s): _____		☐									☐	☐	☐
Parfait	oz.		☐ Low fat ☐ Fat free	☐	☐									☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	**Check Box if Whole Grain-Rich**	**Check Box if Prepared from a Recipe**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
Yogurt parfait with fruit	6 oz.	☑	Specify type: ☑ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☑ Light Specify flavor(s): _____		☑	47	43	34	41	43				☐	☐	☑
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐

Entrées

A.	B.	C.	D.	E.	F.	G.								H.		
Burrito	oz.		Specify type: ☐ Bean ☐ Beef ☐ Cheese ☐ Eggs ☐ Beans ☐ Potato ☐ Other:_____	☐	☐									☐	☐	☐
Corndog	oz.		☐ Beef or pork ☐ Chicken or turkey	☐	☐									☐	☐	☐
Egg rolls	ea.		☐ Meatless ☐ Beef or pork ☐ Chicken or turkey Weight of each egg roll:_____oz.	☐	☐									☐	☐	☐
French toast	oz.		☐ Reduced fat	☐	☐									☐	☐	☐
French toast sticks	ea.		☐ Reduced fat Weight of each stick:_____oz.	☐	☐									☐	☐	☐
Nachos	oz.		☐ Reduced fat	☐	☐									☐	☐	☐
Pancake	oz.		☐ Reduced fat Specify type: _____	☐	☐									☐	☐	☐
Pizza, cheese	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐									☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
Pizza, pepperoni	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐									☐	☐	☐
Pizza, sausage	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐									☐	☐	☐
Pizza, vegetarian	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐									☐	☐	☐
Pizza pocket	oz.		☐ Reduced fat ☐ Reduced sodium Specify filling:_____	☐	☐									☐	☐	☐
Taco	oz.		☐ Hard shell ☐ Soft tortilla ☐ Bean ☐ Beef ☐ Chicken ☐ Cheese ☐ Other:_____	☐	☐									☐	☐	☐
Waffles	oz.		☐ Plain ☐ Fruit ☐ Chocolate chip ☐ Other:_____	☐	☐									☐	☐	☐
Waffle sticks	ea.		☐ Plain ☐ Fruit ☐ Chocolate chip ☐ Other:_____ Weight of each stick:_____oz.	☐	☐									☐	☐	☐
Sandwich	oz.		☐ Reduced fat ☐ Reduced sodium Specify type(s) of sandwich: _____	☐	☐									☐	☐	☐
Entrée salad	1 salad		Specify type(s) of salad: _____	☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐

SAMPLE

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	**Check Box if Whole Grain-Rich**	**Check Box if Prepared from a Recipe**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
Condiments (Note: In Column A, indicate wheter any condiments in this section were offered only with a particular entrée or meat/meat alternate)																
Barbeque sauce														☐	☐	☐
Butter														☐	☐	☐
Cream cheese			☐ Regular ☐ Light ☐ Fat free											☐	☐	☐
Hot sauce														☐	☐	☐
Jelly			☐ Regular ☐ Sugar free ☐ Reduced sugar											☐	☐	☐
Ketchup			☐ Reduced sodium											☐	☐	☐
Margarine														☐	☐	☐
Mayonnaise			☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free											☐	☐	☐
Mustard														☐	☐	☐
Ranch dip			☐ Regular ☐ Light ☐ Fat free		☐									☐	☐	☐
Salad dressing			☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free Specify type: _____		☐									☐	☐	☐
Salsa			☐ Low sodium											☐	☐	☐
Sour cream			☐ Regular ☐ Light ☐ Fat free											☐	☐	☐
Syrup			☐ Regular ☐ Reduced calorie ☐ Sugar free											☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐

SAMPLE

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								Availability		
Food Item	Portion Size (Incl. Units)	Manufacturer/Brand Name and Product Code *(If Applicable)*	Food Description	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Sent Off-Site	During breakfast	During lunch	Outside of meal periods
Other Items																
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐

F02.01.01.02 MENU SURVEY SCREENER

(GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

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OMB Number: 0584-xxxx
Expiration Date: xx/xx/20xx

Menu Survey Screener Questions

Note: The Menu Survey screener questions will be administered prior to the target week to identify which Menu Survey forms are relevant to a school based on its food service program. Technical assistants (TAs) will administer the questions over the phone with school nutrition managers (SNMs) and record the responses in the Electronic Menu Survey (EMS). The EMS will then display the relevant forms on each school's task list.

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1. **Does your school participate in the School Breakfast Program (SBP)?**

   ₁ ☐ Yes

   ₀ ☐ No

[SKIP QUESTIONS 2a-2c FOR FULL OUTLYING AREA SCHOOLS]

2. **Does your school provide reimbursable snacks or suppers for one or more afterschool programs (either at this school or another location)?**

   ₁ ☐ Yes

   ₀ ☐ No

2a. **School provides afterschool snacks through the National School Lunch Program (NSLP).**

   ₁ ☐ Yes

   ₀ ☐ No

2b. **School provides afterschool <u>snacks</u> through the Child and Adult Care Food Program (CACFP).**

   ₁ ☐ Yes

   ₀ ☐ No

2c. **School provides afterschool <u>suppers</u> through the CACFP.**

   ₁ ☐ Yes

   ₀ ☐ No

3. **The next few questions are about non-program foods and beverages that are sold outside of reimbursable meals by your school's food service department. Does your school's <u>food service department</u> sell any non-program foods or beverages outside of reimbursable meals?**

   ₁ ☐ Yes

   ₀ ☐ No [Skip to Q6]

4. **In what locations does your school's food service department sell non-program foods or beverages to students outside of reimbursable meals?**
   MARK ALL THAT APPLY

   ₁ ☐ [If Q1 = Yes] A la carte serving lines at breakfast

   ₂ ☐ A la carte serving lines at lunch

   ₃ ☐ Snack bars

   ₄ ☐ Vending machines

   ₅ ☐ Food carts

   ₆ ☐ Kiosks

7 ☐ School stores

8 ☐ Food trucks

9 ☐ Other, Specify: _____

[If Q4 = 3, 4, 5, 6, 7, 8 or 9; else SKIP TO Q5]

4a. **For each of the locations you've just reported, are non-program foods and beverages available to students during breakfast periods, during lunch periods, or outside of meal periods?**

[Display for each Q4 location of 3, 4, 5, 6, 7, 8 or 9]	Available during breakfast	Available during lunch	Available outside of meal periods
a. Snack bars	1 ☐	2 ☐	3 ☐
b. Vending machines	1 ☐	2 ☐	3 ☐
c. Food carts	1 ☐	2 ☐	3 ☐
d. Kiosks	1 ☐	2 ☐	3 ☐
e. School stores	1 ☐	2 ☐	3 ☐
f. Food trucks	1 ☐	2 ☐	3 ☐
g. Other, Specify: _____	1 ☐	2 ☐	3 ☐

[Note: The combination of responses to Q4 and Q4a will determine whether respondents will be asked to report the availability of each food and beverage item on the Form for Non-Program Foods Sold by Food Service. If responses to Q4 and Q4a indicate that (1) all locations are available to students during meal times, or (2) all locations are available to students outside of meal times, then the EMS will not display Column H on the Form for Non-Program Foods Sold by Food Service (which asks respondents to indicate the availability of each food and beverage item).]

5. **For non-program foods or beverages sold by your school's food service department, would you be able to report how many portions were sold each day? Or as a total across the week?**

1 ☐ Yes, each day

2 ☐ Yes, total across the week

0 ☐ No

[SKIP QUESTION 6 FOR FULL OUTLYING AREA SCHOOLS]

6. **Does your school's food service department prepare foods or meals that are sent or shipped to another location, school, or facility?**

1 ☐ Yes

0 ☐ No

[If Q6 = Yes]

6a.   Which of the following types of foods or meals are sent off-site? (Mark all that apply)

   ₁ ☐ Reimbursable breakfasts

   ₂ ☐ Reimbursable lunches

   ₃ ☐ Afterschool snacks provided through the NSLP [If Q2a = Yes]

   ₄ ☐ Afterschool snacks or suppers provided through the CACFP [If Q2b or Q2c = Yes]

   ₅ ☐ Non-program foods (that is, foods or beverages that are not offered as part of reimbursable meals) [If Q3 = Yes]

   ₆ ☐ Other _____

[SKIP QUESTION 7 FOR FULL OUTLYING AREA SCHOOLS]

7.   Is it correct that your school serves students in grades [Y to Z]?
[Y = lowest grade and Z = highest grade, as reported in SFA Director Planning Interview]

   ₁ ☐ Yes

   ₀ ☐ No

[If Q7 = No]

7a.   What grades does your school serve?

[drop-down lists with values for: pre-kindergarten, kindergarten, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12]

SELECT ONE
Lowest grade: _____

SELECT ONE
Highest grade: _____

[Note: The EMS will compute the standard grade group(s) (used in the NSLP/SBP nutrition standards) that are included in the school, based on the reported grade span of the school:

   a. K-5 only
   b. 6-8 only
   c. 9-12 only
   d. K-5 and 6-8
   e. K-5 and 9-12
   f. 6-8 and 9-12
   g. K-5, 6-8, and 9-12

If the school includes grade span combinations d, e, f, or g, the SNM will answer additional questions when completing the Reimbursable Foods Form in the Electronic Menu Survey. See the instrument named "Menu Survey Enhancements Administered through the Electronic Menu Survey" for more details.]

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F02.01.01.03. DAILY MEAL COUNTS FORM

(GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

Daily Meal Counts Form

School Name: _____ **Date:** _____

Instructions:

1. In the boxes for the **Number of Reimbursable NSLP Lunches Served** and **Number of Reimbursable SBP Breakfasts Served**, please record the **number of free, reduced-price,** and **full-price** *reimbursable meals* **served** in your school each day of the target week. Do ***not*** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis. **If your school provides free meals to all students, record the number of meals served in the "free" column and enter zeroes in the other columns**.

2. Check the box if the number of reimbursable meals served on a day was much higher or lower than usual, and describe the reason for this difference in the space provided.

Number of Reimbursable NSLP Lunches Served					
	Free	**Reduced-Price**	**Full-Price**	*FOR OFFICE USE ONLY*	**Please check if the number of reimbursable lunches served this day was much higher or lower than usual.**
Monday					☐ → Reason: _____
Tuesday					☐ → Reason: _____
Wednesday					☐ → Reason: _____
Thursday					☐ → Reason: _____
Friday					☐ → Reason: _____

Number of Reimbursable SBP Breakfasts Served					
	Free	**Reduced-Price**	**Full-Price**	*FOR OFFICE USE ONLY*	**Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.**
Monday					☐ → Reason: _____
Tuesday					☐ → Reason: _____
Wednesday					☐ → Reason: _____
Thursday					☐ → Reason: _____
Friday					☐ → Reason: _____

Instructions:

1. Please record the total value of your non-program food sales by venue, including all student, adult, and other sales in venues operated or stocked by the food service department. If you do not keep venue-specific records, you may simply enter the total sales across all venues into the last column (named "Total Across All Venues"). You can either record the sales each day of the target week or enter it as a total across the week in the last row (named "Weekly Total").

Total Non-Program Food Sales in Venues Operated or Stocked by the Food Service Department									
	Serving Line (A la Carte)	**Snack Bar**	**Vending Machine**	**Food Cart**	**Kiosk**	**School Store**	**Food Trucks**	**Other: _____**	**Total Across All Venues**
Monday	$	$	$	$	$	$	$	$	$
Tuesday	$	$	$	$	$	$	$	$	$
Wednesday	$	$	$	$	$	$	$	$	$
Thursday	$	$	$	$	$	$	$	$	$
Friday	$	$	$	$	$	$	$	$	$
Weekly Total	$	$	$	$	$	$	$	$	$

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F02.01.01.04. REIMBURSABLE FOODS FORM: BREAKFAST

(GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

Reimbursable Meal Counts	
How many reimbursable breakfasts did you **plan to serve** at your school this day?	
How many reimbursable breakfasts **did you serve** at your school this day?	

2024-2025 NATIONAL SCHOOL FOODS STUDY

REIMBURSABLE FOODS FORM: BREAKFAST

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name:_____ **Date:**_____ **Day:** ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

A.	B.	C. Number of Portions							D.	E.	F.	G.
				Onsite							Check Box if USDA Food	Check Box if Prepared from a Recipe
Food Item	Portion Size *(Include Units)*	Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	Manufacturer/Brand Name and Product Code *(If Applicable)*	Food Description		
MILK												
White, fat free/skim	fl oz.					☐						
White, 1%	fl oz.					☐						
White, 2%	fl oz.					☐						
White, whole	fl oz.					☐						
Chocolate, fat free/skim	fl oz.					☐				☐ Reduced sugar		
Chocolate, 1%	fl oz.					☐				☐ Reduced sugar		
Chocolate, 2%	fl oz.					☐				☐ Reduced sugar		
Lactose free	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Non-dairy milk alternative, Specify type: _____	fl oz.					☐				☐ Fat free ☐ Light ☐ Reduced sugar ☐ Sweetened ☐ Unsweetened Specify flavor(s): _____	☐	☐

1

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
FRUIT (**Note:** Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.)												
Apple	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Applesauce, canned	cup					☐				☐ Sweetened ☐ Unsweetened	☐	
Apricots	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Banana	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Blueberries	cup					☐				☐ Fresh ☐ Frozen ☐ Sweetened ☐ Unsweetened	☐	
Fruit cocktail	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Grapes	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Kiwi	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Mandarin oranges	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Orange	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Peaches	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
Pears	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Pineapple	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Raisins	oz.					☐					☐	
Strawberries	cup					☐				☐ Fresh ☐ Frozen ☐ Sweetened ☐ Unsweetened	☐	
						☐					☐	☐

JUICES (**Note:** Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. List fruit drinks (not 100% juice) in the "Other Menu Items" section.)

A.	B.	C.							D.	E.	F.	G.
Apple juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Grape juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Orange juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Fruit juice blend	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
	fl oz					☐					☐	☐
	fl oz					☐					☐	☐

COLD CEREALS (**Note:** In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal).

A.	B.	C.							D.	E.	F.	G.
Apple Jacks	oz.					☐				☐ Reduced sugar	☐	
Cheerios, plain	oz.					☐					☐	
Cheerios, Apple Cinnamon	oz.					☐				☐ Reduced sugar	☐	
Cheerios, Fruity	oz.					☐				☐ Reduced sugar	☐	
Cheerios, Honey Nut	oz.					☐				☐ Reduced sugar	☐	
Cinnamon Toast Crunch	oz.					☐				☐ Reduced sugar	☐	
Cocoa Krispies	oz.					☐				☐ Reduced sugar	☐	
Cocoa Puffs	oz.					☐				☐ Reduced sugar	☐	

REIMBURSABLE FOODS FORM: BREAKFAST

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	**Onsite**					Manufacturer/Brand Name and Product Code *(If Applicable)*			
Food Item	**Portion Size** *(Include Units)*			Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted		**Food Description**		
Froot Loops	oz.					☐				☐ Reduced sugar	☐	
Frosted Flakes	oz.					☐				☐ Reduced sugar	☐	
Frosted Mini Wheats	oz.					☐				☐ Reduced sugar	☐	
Golden Grahams	oz.					☐				☐ Reduced sugar	☐	
Granola	oz.					☐				☐ Regular ☐ Low fat	☐	
Kix	oz.					☐				☐ Reduced sugar	☐	
Lucky Charms	oz.					☐				☐ Reduced sugar	☐	
Marshmallow Mateys	oz.					☐				☐ Reduced sugar	☐	
Raisin Bran	oz.					☐				☐ Reduced sugar	☐	
Rice Chex	oz.					☐					☐	
Rice Krispies	oz.					☐					☐	
Trix	oz.					☐				☐ Reduced sugar	☐	
						☐					☐	☐
						☐					☐	☐
HOT CEREALS (**Note**: If prepared with fat and/or milk, complete a RECIPE FORM)												
Cream of Wheat	cup					☐				☐ Instant ☐ Quick ☐ Regular ☐ Whole grain-rich	☐	☐
Grits	cup					☐				☐ Instant ☐ Quick ☐ Regular	☐	☐
Oatmeal	cup					☐				☐ Instant ☐ Quick ☐ Regular	☐	☐
						☐					☐	☐
OTHER BREADS AND GRAINS OFFERED SEPARATELY (**Note**: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal, or biscuit w/ sausage).												
Bagel	oz.					☐				Specify type: _____	☐	
Biscuit	oz.					☐				☐ Reduced fat	☐	☐
Danish	oz.					☐				☐ Reduced fat ☐ Low fat ☐ Fruit ☐ Cheese	☐	
Doughnut	oz.					☐				☐ Icing/glaze ☐ No Icing/glaze	☐	
English muffin, plain	oz.					☐				Specify type: _____	☐	

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A. Food Item	B. Portion Size (Include Units)	C. Total Prepared	C. Sent Off-Site	C. Onsite Reimbursable Served	C. Onsite Sold A La Carte or to Adults/Others	C. Onsite Only sold to adults	C. Onsite Left Over for Later Use	C. Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
English muffin, buttered	oz.					☐				☐ Margarine ☐ Butter	☐	☐
Granola/cereal bar	oz.					☐				☐ Low fat Specify type: _____	☐	
Muffin	oz.					☐				☐ Reduced fat Specify type: _____	☐	☐
Pancake	oz.					☐				☐ Reduced fat Specify type: _____	☐	☐
Roll, cinnamon	oz.					☐				☐ Icing ☐ No Icing	☐	☐
Toast, plain	oz.					☐				Specify type: _____	☐	
Toast, buttered	oz.					☐				Specify type: _____ ☐ Margarine ☐ Butter	☐	☐
Toaster pastry	oz.					☐				☐ Low fat	☐	
Waffles	oz.					☐				☐ Plain ☐ Fruit ☐ Chocolate chip ☐ Other:_____	☐	☐
Waffle sticks	ea.					☐				☐ Plain ☐ Fruit ☐ Chocolate chip ☐ Other:_____ **Weight of each stick:_____oz.**	☐	☐
						☐					☐	☐
						☐					☐	☐

MEATS AND MEAT ALTERNATES OFFERED SEPARATELY (**Note**: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).

A. Food Item	B. Portion Size	C. Total Prepared	C. Sent Off-Site	C. Reimbursable Served	C. Sold A La Carte or to Adults/Others	C. Only sold to adults	C. Left Over for Later Use	C. Wasted	D.	E. Food Description	F.	G.
Bacon	sl					☐				☐ Pork ☐ Turkey ☐ Vegetarian	☐	
Eggs	oz.					☐				☐ Scrambled ☐ Hard boiled ☐ Fried	☐	☐
Cheese	oz.					☐				☐ Reduced sodium	☐	
Peanut butter or other nut/seed butter	oz.					☐				☐ Reduced fat ☐ Reduced sugar Specify type: _____	☐	
Sausage	oz.					☐				☐ Reduced sodium ☐ Beef or pork ☐ Chicken or turkey ☐ Vegetarian	☐	

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
Yogurt	oz.					☐				Specify type: ☐ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☐ Light Specify flavors: _____	☐	
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
COMBINATION ITEMS												
Breakfast burrito	oz.					☐				☐ Eggs ☐ Cheese ☐ Beans ☐ Potato ☐ Other:_____	☐	☐
Egg sandwich	1 sandwich					☐				☐ Cheese ☐ Sausage ☐ Ham ☐ Bacon ☐ Other:_____ Specify bread type: _____	☐	☐
French toast	oz.					☐				☐ Reduced fat	☐	☐
French toast sticks	ea.					☐				☐ Reduced fat **Weight of each stick:_____oz**	☐	☐
Grilled cheese	1 sandwich					☐				☐ Reduced fat	☐	☐
Pancake on a stick	oz.					☐				☐ Beef or pork ☐ Chicken or turkey	☐	
Pizza	oz.					☐				☐ Reduced fat ☐ Reduced sodium Specify toppings: _____	☐	☐
Quesadilla	oz.					☐				Specify type:	☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
CONDIMENTS												
Self-serve condiments or fixins' bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM**			
Butter						☐					☐	
Cream cheese						☐				☐ Regular ☐ Light ☐ Fat free	☐	
Gravy						☐				☐ Regular ☐ Light ☐ Fat free	☐	☐

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A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	**Sent Off-Site**	**Onsite**								
Food Item	**Portion Size** *(Include Units)*			**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
Honey						☐					☐	
Jelly						☐				☐ Regular ☐ Sugar free ☐ Reduced sugar	☐	
Ketchup						☐				☐ Reduced sodium	☐	
Margarine						☐					☐	
Salsa						☐				☐ Low sodium	☐	☐
Syrup						☐				☐ Regular ☐ Reduced calorie ☐ Sugar free	☐	
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
OTHER MENU ITEMS												
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

REIMBURSABLE FOODS FORM: BREAKFAST

A.	B.	C.							D.	E.	F.	G.
		Number of Portions										
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	**Check Box if USDA Food**	**Check Box if Prepared from a Recipe**
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

F02.01.01.05. REIMBURSABLE FOODS FORM: LUNCH

(GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

Reimbursable Meal Counts	
How many reimbursable lunches did you **plan to serve** at your school this day?	
How many reimbursable lunches **did you serve** at your school this day?	

2024-2025 NATIONAL SCHOOL FOODS STUDY
REIMBURSABLE FOODS FORM: LUNCH

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ **Date:** _____ **Day:** ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	**Onsite**								
	Portion Size *(Include Units)*			Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted				
Food Item									Manufacturer/Brand Name and Product Code *(If Applicable)*	Food Description		
MILK												
White, fat free/skim	fl oz.					☐						
White, 1%	fl oz.					☐						
White, 2%	fl oz.					☐						
White, whole	fl oz.					☐						
Chocolate, fat free/skim	fl oz.					☐				☐ Reduced sugar		
Chocolate, 1%	fl oz.					☐				☐ Reduced sugar		
Chocolate, 2%	fl oz.					☐				☐ Reduced sugar		
Lactose free	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor Specify: _____	fl oz.					☐				☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Non-dairy milk alternative, Specify type: _____	fl oz.					☐				☐ Fat free ☐ Light ☐ Reduced sugar ☐ Sweetened ☐ Unsweetened Specify flavor(s): _____	☐	☐

A.	B.	C.						D.	E.	F.	G.
		Number of Portions								Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite							
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
FRUIT (**Note:** Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.)											
Apple	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Applesauce, canned	cup					☐				☐ Sweetened ☐ Unsweetened	☐	
Apricots	cup					☐				☐ Fresh ☐ Dried ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Banana	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Blueberries	cup					☐				☐ Fresh ☐ Frozen ☐ Sweetened ☐ Unsweetened	☐	
Fruit cocktail	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Grapes	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Kiwi	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Mandarin oranges	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Orange	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Peaches	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	

A. Food Item	B. Portion Size *(Include Units)*	C. Number of Portions							D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
				Onsite								
		Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted				
Pears	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Pineapple	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Raisins	oz.					☐					☐	
Strawberries	cup					☐				☐ Fresh ☐ Frozen ☐ Sweetened ☐ Unsweetened	☐	
						☐					☐	☐

JUICES (**Note:** Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. Fruit drinks that are not 100% juice should be entered in the "Desserts, Drinks, and Snacks" section.)

A. Food Item	B.	C.							D.	E.	F.	G.
Apple juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Grape juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Orange juice	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Fruit juice blend	fl oz.					☐				☐ Calcium added ☐ Reduced sugar	☐	
Frozen juice cup/bar	fl oz.					☐				Specify flavor: _____ ☐ Reduced sugar	☐	
	fl oz					☐					☐	☐

VEGETABLES (**Note**: If beans or peas are being counted as a meat alternate and not a vegetable choice, enter them in the "Other Entrees and Meat/Meat Alternates" section.)

A. Food Item	B.	C.							D.	E.	F.	G.
Baked beans	cup					☐				☐ Vegetarian ☐ With meat	☐	☐
Beans, green	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Served raw ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	☐
Broccoli	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Served raw ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐

A. Food Item	B. Portion Size *(Include Units)*	C. Number of Portions							D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite								
				Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted				
Carrots	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Served raw ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Cauliflower	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Served raw ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Celery, raw	cup					☐			**If offered, list dip as separate item(s) or complete a RECIPE FORM**		☐	☐
Corn, kernels	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	
Cucumber, raw	cup					☐			**If offered, list dip as separate item(s) or complete a RECIPE FORM**		☐	☐
French fries	cup					☐				☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium	☐	
Lettuce and tomato (for sandwiches)	cup					☐					☐	
Mixed vegetables	cup					☐				☐ Fresh ☐ Frozen ☐ Served raw ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____- _____	☐	☐
Peas, green	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	
Potatoes, whipped or mashed	cup					☐				☐ From fresh	☐	☐
Refried beans	cup					☐				☐ From dry ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	☐

4

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
Red peppers	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Served raw ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Green peppers	cup					☐				From: ☐ Fresh ☐ Frozen ☐ Served raw ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____ **If offered, list dip as separate item(s) or complete a RECIPE FORM**	☐	☐
Sweet potatoes	cup					☐				☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	☐
Sweet potato fries or tots	cup					☐				☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium	☐	
Side salad bar (non-entrée or small portion)	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Side salad	cup					☐			Specify items: **List dressing and any bread/grain items offered with the tossed salad as separate item(s)**		☐	☐
Tater tots or shapes	cup					☐				☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium	☐	
Tomato, raw	cup					☐			**If offered, list dip as separate item(s) or complete a RECIPE FORM**		☐	☐
						☐					☐	☐
						☐					☐	☐
						☐					☐	☐

A. Food Item	B. Portion Size *(Include Units)*	C. Number of Portions							D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite				Wasted				
				Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use					
SANDWICHES (**Note:** In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a peanut butter sandwich with a cheese stick, or a grilled cheese sandwich with a yogurt.)												
Cheeseburger	1 sandwich					☐					☐	☐
Chicken filet or breast (not breaded)	1 sandwich					☐					☐	☐
Chicken patty (breaded)	1 sandwich					☐					☐	☐
Fish sandwich	1 sandwich					☐				☐ Breaded	☐	☐
Grilled cheese	1 sandwich					☐					☐	☐
Ham and cheese	1 sandwich					☐					☐	☐
Hamburger	1 sandwich					☐					☐	☐
Hot dog	1 sandwich					☐				☐ Beef or pork ☐ Vegetarian ☐ Chicken or turkey	☐	☐
Italian sub	1 sandwich					☐					☐	☐
Peanut butter (or other nut/seed butter) & jelly	1 sandwich					☐				☐ Reduced sugar Specify type:_____	☐	☐
Rib, barbeque	1 sandwich					☐					☐	☐
Sloppy joe	1 sandwich					☐				☐ Beef ☐ Pork ☐ Chicken or turkey	☐	☐
Turkey	1 sandwich					☐					☐	☐
Tuna salad	1 sandwich					☐					☐	☐
Veggie burger	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
	1 sandwich					☐					☐	☐
	1 sandwich					☐					☐	☐
ENTRÉE SALADS (**Note:** List dressing and any bread/grain items offered with an entrée salad as separate item(s). Also, add a note in Column A if a particular bread/grain item is offered only with a particular entrée salad.)												
Chef's salad	1 salad					☐					☐	☐
Chicken Caesar salad	1 salad					☐					☐	☐
Taco salad	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
	1 salad					☐					☐	☐
SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS												
Entrée salad bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Potato bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Nacho/taco bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Sandwich/deli bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
Pasta/Italian bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			
	1 serving					☐			**Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM**			

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
OTHER ENTREES AND MEAT/MEAT ALTERNATES (**Note**: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a cheese stick with a peanut butter sandwich, a yogurt with a grilled cheese sandwich, or chicken nuggets with a roll).												
Beans or peas (Specify type) _____	cup					☐				☐ From dry ☐ Canned ☐ Low sodium ☐ Fat added, specify type: _____	☐	☐
Burrito	oz.					☐				☐ Bean ☐ Beef ☐ Chicken ☐ Cheese ☐ Other:_____	☐	☐
Cheese (string cheese or cubes)	oz.					☐				☐ Reduced fat ☐ Reduced sodium	☐	
Cheese breadstick or pizza stick	oz.					☐				☐ Reduced fat ☐ Reduced sodium Specify filling(s): _____	☐	
Chicken nuggets (breaded)	ea.					☐				☐ Oven-baked ☐ Deep-fried **Weight of each nugget:_____oz.**	☐	
Chicken strips (not breaded)	oz.					☐					☐	
Chicken patty (not sandwich)	oz.					☐				☐ Oven-baked ☐ Deep-fried	☐	
Chicken piece(s) (Specify part)_____	oz.					☐				☐ Breaded ☐ With skin ☐ Oven-baked ☐ Deep-fried	☐	☐
Corndog	oz.					☐				☐ Beef or pork ☐ Chicken or turkey	☐	
Egg rolls	ea.					☐				☐ Meatless ☐ Beef or pork ☐ Chicken or turkey **Weight of each egg roll:_____oz.**	☐	☐
Fish sticks or nuggets	ea.					☐				☐ Oven-baked ☐ Deep-fried ☐ Breaded **Weight of each nugget/stick:_____oz.**	☐	
Macaroni and cheese	cup					☐					☐	☐
Nachos	oz.					☐					☐	☐
Peanut butter or other nut/seed butter	oz.					☐				☐ Reduced fat ☐ Reduced sugar Specify type: _____	☐	
Pizza, cheese	oz.					☐				☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐
Pizza, pepperoni	oz.					☐				☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐

A. Food Item	B. Portion Size *(Include Units)*	C. Number of Portions — Total Prepared	C. Sent Off-Site	C. Onsite — Reimbursable Served	C. Onsite — Sold A La Carte or to Adults/Others	C. Onsite — Only sold to adults	C. Onsite — Left Over for Later Use	C. Wasted	D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Pizza, sausage	oz.					☐				☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐
Pizza, vegetarian	oz.					☐				☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread) Specify toppings:_____	☐	☐
Pizza pocket	oz.					☐				☐ Reduced fat ☐ Reduced sodium Specify filling:_____	☐	☐
Stir fry with rice or noodles	cup					☐					☐	☐
Spaghetti with sauce	cup					☐				☐ Meat sauce ☐ Marinara sauce	☐	☐
Taco	oz.					☐				☐ Hard shell ☐ Soft tortilla ☐ Bean ☐ Beef ☐ Chicken ☐ Cheese	☐	☐
Yogurt	oz.					☐				Specify type: ☐ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☐ Light Specify flavors: _____	☐	
						☐					☐	☐
						☐					☐	☐

BREADS AND GRAINS OFFERED SEPARATELY (**Note:** In Column A, indicate whether any items in this section were offered only with a particular entrée or meat/meat alternate. For example, crackers with Chef's salad or a roll with chicken nuggets.)

A. Food Item	B. Portion Size	Total Prepared	Sent Off-Site	Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code	E. Food Description	F.	G.
Biscuit	oz.					☐				☐ Reduced fat	☐	☐
Bread, plain	oz.					☐				Specify type:_____	☐	
Bread, buttered	oz.					☐				Specify type:_____ ☐ Margarine ☐ Butter	☐	☐
Breadstick	oz.					☐				Specify type:_____	☐	☐
Cornbread	oz.					☐					☐	☐
Crackers	oz.					☐				☐ Baked ☐ Reduced sodium Specify type:_____	☐	
Croutons	oz.					☐					☐	
Rice	cup					☐				☐ White ☐ Brown ☐ Wild	☐	☐
Roll	oz.					☐				Specify type:_____	☐	☐
Pasta	cup					☐					☐	

A. Food Item	B. Portion Size *(Include Units)*	C. Number of Portions						D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Sold A La Carte or to Adults/Others	Only sold to adults	Left Over for Later Use	Wasted				
Pretzels	oz.					☐				☐ Soft ☐ Hard ☐ Salted ☐ Unsalted ☐ Lightly salted	☐	
Tortilla chips	oz.					☐				☐ Reduced sodium	☐	
						☐					☐	☐
						☐					☐	☐
DESSERTS, DRINKS, AND OTHER SIDES OFFERED AS PART OF A REIMBURSABLE MEAL												
Brownie	oz.					☐				☐ Icing/glaze ☐ No Icing/glaze ☐ Reduced fat	☐	☐
Cake	oz.					☐				☐ Reduced fat Specify type: _____	☐	☐
Cookie	oz.					☐				☐ Reduced fat ☐ Low fat Specify type: _____	☐	☐
Fruit crisp or cobbler	oz.					☐				Specify type: _____	☐	☐
Fruit drink (not 100% juice)	fl oz.					☐				Specify type: _____	☐	
Fruit turnover	oz.					☐				☐ Reduced fat ☐ Low fat Specify type: _____	☐	☐
Gelatin (Jell-O)	cup					☐				☐ With fruit ☐ With whipped topping	☐	☐
Potato chips	oz.					☐				☐ Reduced fat ☐ Reduced sodium ☐ Baked Specify flavor: _____	☐	
						☐					☐	☐
						☐					☐	☐
SALAD DRESSINGS												
Caesar dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
French dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
Honey mustard dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
Italian dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐

A. Food Item	B. Portion Size *(Include Units)*	C. Total Prepared	C. Sent Off-Site	C. Reimbursable Served	C. Sold A La Carte or to Adults/Others	C. Only sold to adults	C. Left Over for Later Use	C. Wasted	D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
					Number of Portions / Onsite							
Ranch dressing						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	☐
CONDIMENTS												
Self-serve condiments or fixins' bar	1 serving					☐			**Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM**			
Barbeque sauce						☐					☐	
Butter						☐					☐	
Cream cheese						☐				☐ Regular ☐ Light ☐ Fat free	☐	
Gravy						☐				☐ Regular ☐ Fat free	☐	☐
Honey						☐					☐	
Hot sauce						☐					☐	
Jalapeno peppers						☐					☐	
Jelly						☐				☐ Regular ☐ Sugar free ☐ Reduced sugar	☐	
Ketchup						☐				☐ Reduced sodium	☐	
Margarine						☐					☐	
Mayonnaise						☐				☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	
Mustard						☐					☐	
Pickles, slices						☐					☐	
Ranch dip						☐				☐ Regular ☐ Light ☐ Fat free	☐	☐
Relish						☐					☐	
Salsa						☐				☐ Low sodium	☐	☐
Sour cream						☐				☐ Regular ☐ Light ☐ Fat free	☐	
Syrup						☐				☐ Regular ☐ Reduced calorie ☐ Sugar free	☐	
Tartar sauce						☐				☐ Regular ☐ Reduced fat	☐	☐

A.	B.	C.							D.	E.	F.	G.
		Number of Portions									Check Box if USDA Food	Check Box if Prepared from a Recipe
				Onsite								
Food Item	**Portion Size** *(Include Units)*	**Total Prepared**	**Sent Off-Site**	**Reimbursable Served**	**Sold A La Carte or to Adults/Others**	**Only sold to adults**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
	☐					☐					☐	☐
	☐					☐					☐	☐
OTHER MENU ITEMS												
	☐					☐					☐	☐
	☐					☐					☐	☐
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F02.01.01.06. RECIPE FORM

(GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

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Recipe Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: _____

Recipe/Food Name: _____

Meal: 1 ☐ Breakfast 2 ☐ Lunch 3 ☐ Other, specify:_____

Day: 1 ☐ Mon 2 ☐ Tue 3 ☐ Wed 4 ☐ Thu 5 ☐ Fri

6 ☐ All

Size of One Serving *(include units)*:_____

Number of Servings Prepared:_____

A. Ingredient Name	B. Amount in Recipe *(Include Units)*	C. Manufacturer/ Brand Name and Product Code *(If Applicable)*	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
				☐	☐
				☐	☐
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F02.01.01.07. SELF-SERVE/MADE-TO-ORDER BAR FORM

(GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

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Self-Serve/Made-to-Order Bar Form

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name:

Name of Bar:

Meal: 1 ☐ Breakfast   2 ☐ Lunch   **Day:** ₁☐ All ₂☐ Mon ₃☐ Tue ₄☐ Wed ₅☐ Thu ₆☐ Fri

A.	B.	C.	D.	E.	F.
Food Name	*Portion Size, If Pre-portioned (Include units)*	Manufacturer/ Brand Name and Product Code *(if applicable)*	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
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F02.01.01.08. NSLP AFTERSCHOOL SNACK FORM

(GROUP 2A, GROUP 3)

2024-2025 National School Foods Study

NSLP Afterschool Snack Form

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: _____

1. Please indicate the days that NSLP afterschool snacks were prepared or served during the target week:

   ☐ Monday
   ☐ Tuesday
   ☐ Wednesday
   ☐ Thursday
   ☐ Friday

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NSLP Afterschool Snack Form

Day: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri   **Number of Reimbursable Snacks Served Onsite:** _____

A. Food Item	B. Portion Size (Incl. Units)	C. Total Prepared/ Available	Sent Off-Site	Reimb-ursable Served	Left Over for Later Use	Wasted	D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
Milk										
White	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole		
Chocolate	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Lactose free	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar		
Other flavor, Specify: _____	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor, Specify: _____	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
									☐	
									☐	☐
Fruit										
Apple	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Applesauce, canned	cup							☐ Sweetened ☐ Unsweetened	☐	
Banana	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Fruit cocktail	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Orange	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Raisins	oz.								☐	

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite Reimb-ursable Served	Onsite Left Over for Later Use	Wasted				
Juices										
Apple juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Orange juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Grape juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
									☐	☐
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)										
Carrots	cup							From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____	☐	☐
Celery, raw	cup								☐	☐
									☐	☐
Combination Items and Entrées										
Peanut butter & jelly sandwich	1 sandwich							☐ Whole grain-rich	☐	☐
Pizza	oz.							☐ Whole grain-rich ☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread) Specify toppings:_____	☐	☐
Sandwich	1 sandwich							☐ Whole grain-rich ☐ Reduced fat ☐ Reduced sodium Specify type: _____	☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐

A.	B.	C.					D.	E.	F.	G.
		Number of Portions							**USDA Food?**	**Recipe?**
				Onsite						
Food Item	**Portion Size (Incl. Units)**	**Total Prepared/ Available**	**Sent Off-Site**	**Reimb-ursable Served**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
Meat and Meat Alternates										
Cheese	oz.							☐ Reduced fat Specify type:_____	☐	
Trail mix	oz.							☐ Sweetened ☐ Unsweetened Specify type(s): _____	☐	☐
Yogurt	oz.							Specify type: ☐ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____	☐	
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
Breads and Grains										
Bagel	oz.							☐ Whole grain-rich Specify type: _____	☐	
Cereal	oz.							☐ Whole grain-rich ☐ Reduced sugar Specify type:_____	☐	
Cookie	oz.							☐ Whole grain-rich ☐ Reduced fat ☐ Low fat Specify type:_____	☐	☐
Crackers	oz.							☐ Whole grain-rich ☐ Baked ☐ Reduced sodium Specify type:_____	☐	
Granola bar	oz.							☐ Whole grain-rich ☐ Low fat Specify type:_____	☐	
Pretzels	oz.							☐ Whole grain-rich ☐ Soft ☐ Hard ☐ Salted ☐ Unsalted ☐ Lightly salted	☐	

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite						
				Reimb-ursable Served	Left Over for Later Use	Wasted				
Tortilla chips	oz.							☐ Whole grain-rich ☐ Reduced sodium Specify type:_____	☐	☐
								☐ Whole grain-rich	☐	☐
								☐ Whole grain-rich	☐	☐
								☐ Whole grain-rich	☐	☐
Desserts and Other Items										
Fruit snacks/fruit leather	oz.								☐	
Fruit drink (less than 100% juice)	fl oz.								☐	
Pudding								☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____	☐	☐
									☐	☐
									☐	☐
Condiments										
Ranch dip								☐ Regular ☐ Light ☐ Fat free	☐	☐
Cream cheese								☐ Regular ☐ Light ☐ Fat free	☐	
Ketchup								☐ Reduced sodium	☐	
									☐	☐

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F02.01.01.09. CACFP AFTERSCHOOL SNACK AND SUPPER FORM

(GROUP 2A, GROUP 3)

2024-2025 National School Foods Study

CACFP Afterschool Snack and Supper Form

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: _____

1. Please indicate the days that CACFP afterschool snacks and/or suppers were prepared or served during the target week:

   ☐ Monday

   ☐ Tuesday

   ☐ Wednesday

   ☐ Thursday

   ☐ Friday

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CACFP Afterschool Snack and Supper Form

Day: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri **Number of Reimbursable Snacks and/or Suppers Served Onsite:** _____

A.	B.	C.					D.	E.	F.	G.
		Number of Portions								
				Onsite						
Food Item	**Portion Size (Incl. Units)**	**Total Prepared/ Available**	**Sent Off-Site**	**Reimb-ursable Served**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	**Check Box if USDA Food**	**Check Box if Prepared from a Recipe**
Milk										
White	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole		
Chocolate	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Lactose free	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar		
Other flavor, Specify: _____	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
Other flavor, Specify: _____	fl oz.							☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar		
									☐	
									☐	☐
Fruit										
Apple	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Applesauce, canned	cup							☐ Sweetened ☐ Unsweetened	☐	
Banana	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Fruit cocktail	cup							☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	
Orange	cup							☐ ☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water	☐	

A.	B.	C.					D.	E.	F.	G.
		Number of Portions							USDA Food?	Recipe?
					Onsite					
Food Item	**Portion Size (Incl. Units)**	**Total Prepared/ Available**	**Sent Off-Site**	**Reimb-ursable Served**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**		
Raisins	oz.								☐	
									☐	☐
									☐	☐
Juices										
Apple juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Orange juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Grape juice	fl oz.							☐ Calcium added ☐ Reduced sugar	☐	
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)										
Carrots	cup							From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____	☐	☐
Celery, raw	cup								☐	☐
French fries	cup							☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium	☐	
Salad, tossed	cup							Specify items:	☐	☐
									☐	☐
									☐	☐
Combination Items and Entrées										
Burrito	oz.							☐ Bean ☐ Beef ☐ Chicken ☐ Cheese	☐	☐
Cheeseburger	1 sandwich								☐	☐
Entrée salad	1 salad							List dressing as a separate item in the condiments section	☐	☐
Grilled cheese sandwich	1 sandwich								☐	☐
Hamburger	1 sandwich								☐	☐

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite Reimb-ursable Served	Onsite Left Over for Later Use	Wasted				
Macaroni and cheese	cup								☐	☐
Peanut butter & jelly sandwich	1 sandwich							☐ Whole grain-rich	☐	☐
Pizza	oz.							☐ Whole grain-rich ☐ Reduced fat Specify toppings:	☐	☐
Sandwich	1 sandwich							☐ Whole grain-rich Specify type:_____	☐	☐
Spaghetti with sauce	cup							☐ Meat sauce ☐ Marinara sauce	☐	☐
Taco								☐ Hard shell ☐ Soft tortilla ☐ Bean ☐ Beef ☐ Chicken ☐ Cheese	☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
Meat and Meat Alternates										
Cheese	oz.							☐ Reduced fat Specify type:	☐	
Chicken nuggets (breaded)	ea.							☐ Oven-baked ☐ Deep-fried Weight of each nugget: oz	☐	☐
Chicken strips (not breaded)	oz.								☐	
Peanut butter	oz.							☐ Reduced fat	☐	☐
Trail mix	oz.							Specify ingredients:	☐	☐

3

A.	B.	C.					D.	E.	F.	G.
		Number of Portions							**USDA Food?**	**Recipe?**
				Onsite						
	Portion Size (Incl. Units)	**Total Prepared/ Available**	**Sent Off-Site**	**Reimb-ursable Served**	**Left Over for Later Use**	**Wasted**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*			
Food Item								**Food Description**		
Yogurt	oz.							Specify type: ☐ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____	☐	☐
									☐	☐
									☐	☐
Breads and Grains										
Bagel	oz.							☐ Whole grain-rich Specify type: _____	☐	
Cereal	oz.							☐ Whole grain-rich ☐ Reduced sugar Specify type:_____	☐	
Cookie	oz.							☐ Whole grain-rich ☐ Reduced fat ☐ Low fat Specify type:_____	☐	☐
Crackers	oz.							☐ Whole grain-rich ☐ Baked ☐ Reduced sodium Specify type:_____	☐	
Granola bar	oz.							☐ Whole grain-rich ☐ Low fat Specify type:_____	☐	
Pretzels	oz.							☐ Whole grain-rich ☐ Soft ☐ Hard ☐ Salted ☐ Unsalted ☐ Lightly salted	☐	
Tortilla chips	oz.							☐ Whole grain-rich ☐ Reduced sodium Specify type:_____	☐	☐
								☐ Whole grain-rich	☐	☐
								☐ Whole grain-rich	☐	☐
Desserts and Other Items										
Fruit snacks/fruit leather	oz.									☐
Fruit drink (less than 100% juice)	fl oz.									☐

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code *(If Applicable)*	E. Food Description	F. USDA Food?	G. Recipe?
		Total Prepared/ Available	Sent Off-Site	Onsite						
				Reimb-ursable Served	Left Over for Later Use	Wasted				
Pudding	oz.							☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____	☐	☐
									☐	☐
									☐	☐
Condiments										
Ranch dip								☐ Regular ☐ Light ☐ Fat free	☐	☐
Cream cheese								☐ Regular ☐ Light ☐ Fat free	☐	
Ketchup								☐ Reduced sodium	☐	
Mayonnaise								☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free	☐	
Mustard								☐ Regular ☐ Reduced fat ☐ Low-fat ☐ Fat free	☐	
Italian dressing								☐ Regular ☐ Light ☐ Fat free ☐ Reduced calorie	☐	☐
Ranch dressing								☐ Regular ☐ Light ☐ Fat free ☐ Reduced calorie	☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐

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F02.01.01.10. FORM FOR NON-PROGRAM FOODS SOLD BY FOOD SERVICE

(GROUP 2A, GROUP 3, FULL OUTLYING AREAS)

Form for Non-Program Foods Sold by School Food Service

NOTES:

- *For instructions on completing this form, please refer to Instructions for the Menu Survey.*
- *Use this form to report non-program foods – that is, foods that are sold **only** outside of reimbursable meals.*
- *Include **only** non-program foods that are supplied or stocked by your school food service department.*
- *For each food item, record the number of portions sold to students. You can provide this information either each day of the target week or as a total across the week.*

School Name:_____

Where Sold: ☐ Serving line breakfast ☐ Serving line lunch ☐ Snack bar ☐ Vending Machine ☐ Food Cart ☐ Kiosk ☐ School Store ☐ Food Trucks ☐ Other (specify):_____

A. Food Item	B. Portion Size (Incl. Units)	C. Manufacturer/Brand Name and Product Code *(If Applicable)*	D. Food Description	E. Check Box if Whole Grain-Rich	F. Check Box if Prepared from a Recipe	G. Number of Portions Sold							H. Availability		
						Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Sent Off-Site	During breakfast	During lunch	Outside of meal periods
Beverages															
Milk and Dairy Alternatives															
White (unflavored)	fl oz.		☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole										☐	☐	☐
Chocolate	fl oz.		☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar										☐	☐	☐
Lactose free	fl oz.		☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Flavored ☐ Reduced sugar										☐	☐	☐
Other flavor, Specify: _____	fl oz.		☐ Fat free/skim ☐ 1% ☐ 2% ☐ Whole ☐ Reduced sugar ☐ Sweetened ☐ Unsweetened										☐	☐	☐
Non-dairy milk alternative, Specify type: _____	fl oz.		☐ Fat free ☐ Light ☐ Reduced sugar ☐ Sweetened ☐ Unsweetened Specify flavor(s): _____										☐	☐	☐
	fl oz.												☐	☐	☐
	fl oz.												☐	☐	☐
	fl oz.												☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
100% Juice																
Apple juice	fl oz.		☐ Calcium added ☐ Reduced sugar											☐	☐	☐
Grape juice	fl oz.		☐ Calcium added ☐ Reduced sugar											☐	☐	☐
Orange juice	fl oz.		☐ Calcium added ☐ Reduced sugar											☐	☐	☐
Fruit juice blend	fl oz.		☐ Calcium added ☐ Reduced sugar											☐	☐	☐
Vegetable juice	fl oz.		☐ Low sodium ☐ Low sugar Specify flavor(s): _____											☐	☐	☐
	fl oz.				☐									☐	☐	☐
	fl oz.				☐									☐	☐	☐
Water Beverages (includes plain or flavored water and water containing juice)																
Water, plain	fl oz.													☐	☐	☐
Water, flavored	fl oz.		☐ No calorie ☐ Low calorie ☐ Carbonated Specify flavor(s): _____											☐	☐	☐
Water, with juice	fl oz.		☐ No calorie ☐ Low calorie ☐ Carbonated Specify flavor(s): _____											☐	☐	☐
	fl oz.				☐									☐	☐	☐
	fl oz.				☐									☐	☐	☐
Snacks																
Snacks – Fruit																
Apple	cup		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water											☐	☐	☐
Applesauce, canned	cup		☐ Sweetened ☐ Unsweetened											☐	☐	☐
Banana	cup		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water											☐	☐	☐

A. Food Item	B. Portion Size (Incl. Units)	C. Manufacturer/Brand Name and Product Code (If Applicable)	D. Food Description	E. Check Box if Whole Grain-Rich	F. Check Box if Prepared from a Recipe	G. Number of Portions Sold Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Sent Off-Site	H. Availability During breakfast	During lunch	Outside of meal periods
Dried fruit (excluding raisins)	oz.		☐ Sweetened ☐ Unsweetened Specify type(s): _____		☐								☐	☐	☐
Fruit cocktail, canned	cup		☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water										☐	☐	☐
Fruit snacks/fruit leather	oz.												☐	☐	☐
Fruit puree packet	oz.		Specify type(s): _____										☐	☐	☐
Orange	cup		☐ Fresh ☐ Frozen ☐ Canned ☐ Heavy syrup ☐ Light syrup ☐ Extra light syrup ☐ Juice ☐ Water										☐	☐	☐
Raisins	oz.												☐	☐	☐
Trail mix	oz.		☐ Sweetened ☐ Unsweetened Specify type(s): _____		☐								☐	☐	☐
					☐								☐	☐	☐
					☐								☐	☐	☐
Snacks – Vegetables (if offered with a dip or salad dressing, list as a separate item in the condiments section)															
Carrots	oz.		From: ☐ Fresh ☐ Frozen ☐ Canned ☐ Low sodium ☐ Served raw ☐ Fat added, specify type: _____										☐	☐	☐
Celery, raw	oz.												☐	☐	☐
French fries	cup		☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium										☐	☐	☐
Sweet potato fries or tots	cup		☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium										☐	☐	☐
Tater tots or shapes	cup		☐ Oven-baked ☐ Deep-fried ☐ Reduced sodium										☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐

3

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	**Check Box if Whole Grain-Rich**	**Check Box if Prepared from a Recipe**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**	**During breakfast**	**During lunch**	**Outside of meal periods**
Snacks – Chips, Crackers, and Bakery Products															
Bagel	oz.		Specify type(s): _____	☐	☐								☐	☐	☐
Biscuit	oz.		☐ Reduced fat	☐	☐								☐	☐	☐
Breadstick	oz.		Specify type(s):_____	☐	☐								☐	☐	☐
Cheese-flavored corn snacks	oz.		☐ Reduced fat Specify flavor(s): _____	☐									☐	☐	☐
Crackers	oz.		☐ Baked ☐ Reduced sodium Specify type(s):_____	☐									☐	☐	☐
Cold cereal	oz.		☐ Reduced sugar Specify type(s):_____	☐									☐	☐	☐
Cornbread	oz.			☐	☐								☐	☐	☐
Croutons	oz.			☐	☐								☐	☐	☐
Granola/cereal bar	oz.		☐ Low fat Specify type(s): _____	☐	☐								☐	☐	☐
Muffin	oz.		☐ Reduced fat Specify type(s): _____	☐	☐								☐	☐	☐
Pita chips	oz.		Specify flavor(s): _____	☐	☐								☐	☐	☐
Popcorn	oz.		☐ Low sodium ☐ Unsalted ☐ Buttered ☐ Light ☐ Plain Specify flavor(s): _____	☐	☐								☐	☐	☐
Potato chips	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Baked Specify flavor(s): _____		☐								☐	☐	☐
Pretzels	oz.		☐ Soft ☐ Hard ☐ Salted ☐ Unsalted ☐ Lightly salted	☐	☐								☐	☐	☐
Roll, cinnamon	oz.		☐ Icing ☐ No icing	☐	☐								☐	☐	☐
Toaster pastry	oz.		☐ Low fat	☐	☐								☐	☐	☐

4

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	**Check Box if Whole Grain-Rich**	**Check Box if Prepared from a Recipe**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
Tortilla chips	oz.		☐ Reduced sodium	☐										☐	☐	☐
Vegetable chips	oz.		☐ Low sodium ☐ Low fat Specify type(s): _____	☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
Snacks – Desserts																
Brownie	oz.		☐ Icing/glaze ☐ No Icing/glaze ☐ Reduced fat	☐	☐									☐	☐	☐
Cake	oz.		☐ Reduced fat Specify type(s): _____	☐	☐									☐	☐	☐
Cookie	oz.		☐ Reduced fat ☐ Low fat Specify type(s): _____	☐	☐									☐	☐	☐
Danish	oz.		☐ Reduced fat ☐ Low fat ☐ Fruit ☐ Cheese	☐	☐									☐	☐	☐
Doughnut	oz.		☐ Icing/glaze ☐ No Icing/glaze	☐	☐									☐	☐	☐
Frozen juice cup/bar	oz.		☐ 100% juice Specify flavor(s): _____		☐									☐	☐	☐
Frozen yogurt	oz.		☐ Low fat ☐ Fat free Specify flavor(s): _____		☐									☐	☐	☐
Fruit turnover	oz.		☐ Reduced fat ☐ Low fat Specify type(s): _____	☐	☐									☐	☐	☐
Ice cream	oz.		☐ Reduced fat ☐ Low fat ☐ Fat free Specify flavor(s): _____		☐									☐	☐	☐
Pudding	oz.		☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____		☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
Snacks – Meats/Meat Alternates																
Eggs	oz.		☐ Scrambled ☐ Hard boiled ☐ Fried		☐									☐	☐	☐
Meat jerky	oz.		☐ Reduced sodium Specify type(s): _____		☐									☐	☐	☐
Cheese (string cheese or cubes)	oz.		☐ Reduced fat ☐ Reduced sodium		☐									☐	☐	☐
Cheese breadstick or pizza stick	oz.		☐ Reduced fat ☐ Reduced sodium Specify filling(s): _____	☐	☐									☐	☐	☐
Chicken nuggets (breaded)	ea.		☐ Oven-baked ☐ Deep-fried Weight of each nugget:_____oz.	☐	☐									☐	☐	☐
Chicken strips (not breaded)	oz.				☐									☐	☐	☐
Chicken patty (not sandwich)	oz.		☐ Oven-baked ☐ Deep-fried	☐	☐									☐	☐	☐
Chicken piece(s)	oz.		☐ Breaded ☐ With skin ☐ Oven-baked ☐ Deep-fried (Specify part)_____	☐	☐									☐	☐	☐
Sausage	oz.		☐ Reduced sodium ☐ Beef or pork ☐ Chicken or turkey		☐									☐	☐	☐
Smoothie	oz.		☐ Low fat ☐ Fat free Specify flavor(s): _____											☐	☐	☐
Parfait	oz.		☐ Low fat ☐ Fat free	☐	☐									☐	☐	☐
Yogurt	oz.		Specify type: ☐ Regular ☐ Greek (high protein) Specify fat: ☐ Whole ☐ Low fat ☐ Fat free ☐ Light Specify flavor(s): _____		☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
	oz.			☐	☐									☐	☐	☐
	oz.			☐	☐									☐	☐	☐
Entrées																
Burrito	oz.		Specify type: ☐ Bean ☐ Beef ☐ Cheese ☐ Eggs ☐ Beans ☐ Potato ☐ Other:_____	☐	☐									☐	☐	☐
Corndog	oz.		☐ Beef or pork ☐ Chicken or turkey	☐	☐									☐	☐	☐
Egg rolls	ea.		☐ Meatless ☐ Beef or pork ☐ Chicken or turkey Weight of each egg roll:_____oz.	☐	☐									☐	☐	☐
French toast	oz.		☐ Reduced fat	☐	☐									☐	☐	☐
French toast sticks	ea.		☐ Reduced fat Weight of each stick:_____oz.	☐	☐									☐	☐	☐
Nachos	oz.		☐ Reduced fat	☐	☐									☐	☐	☐
Pancake	oz.		☐ Reduced fat Specify type: _____	☐	☐									☐	☐	☐
Pizza, cheese	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐									☐	☐	☐
Pizza, pepperoni	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐									☐	☐	☐
Pizza, sausage	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐									☐	☐	☐
Pizza, vegetarian	oz.		☐ Reduced fat ☐ Reduced sodium ☐ Thick crust (deep-dish, bagel, French bread)	☐	☐									☐	☐	☐
Pizza pocket	oz.		☐ Reduced fat ☐ Reduced sodium Specify filling:_____	☐	☐									☐	☐	☐

A.	B.	C.	D.	E.	F.	G.								H.		
						Number of Portions Sold								**Availability**		
Food Item	**Portion Size (Incl. Units)**	**Manufacturer/Brand Name and Product Code** *(If Applicable)*	**Food Description**	Check Box if Whole Grain-Rich	Check Box if Prepared from a Recipe	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekly Total**	**Sent Off-Site**		**During breakfast**	**During lunch**	**Outside of meal periods**
Taco	oz.		☐ Hard shell ☐ Soft tortilla ☐ Bean ☐ Beef ☐ Chicken ☐ Cheese ☐ Other:_____	☐	☐									☐	☐	☐
Waffles	oz.		☐ Plain ☐ Fruit ☐ Chocolate chip ☐ Other:_____	☐	☐									☐	☐	☐
Waffle sticks	ea.		☐ Plain ☐ Fruit ☐ Chocolate chip ☐ Other:_____ Weight of each stick:_____oz.	☐	☐									☐	☐	☐
Sandwich	oz.		☐ Reduced fat ☐ Reduced sodium Specify type(s) of sandwich: _____	☐	☐									☐	☐	☐
Entrée salad	1 salad		Specify type(s) of salad: _____	☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐
				☐	☐									☐	☐	☐

Condiments (Note**:** In Column A, indicate wheter any condiments in this section were offered only with a particular entrée or meat/meat alternate)

A.	B.	C.	D.	E.	F.	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Sent Off-Site	During breakfast	During lunch	Outside of meal periods
Barbeque sauce													☐	☐	☐
Butter													☐	☐	☐
Cream cheese			☐ Regular ☐ Light ☐ Fat free										☐	☐	☐
Hot sauce													☐	☐	☐
Jelly			☐ Regular ☐ Sugar free ☐ Reduced sugar										☐	☐	☐
Ketchup			☐ Reduced sodium										☐	☐	☐
Margarine													☐	☐	☐
Mayonnaise			☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free										☐	☐	☐
Mustard													☐	☐	☐

A. Food Item	B. Portion Size (Incl. Units)	C. Manufacturer/Brand Name and Product Code (If Applicable)	D. Food Description	E. Check Box if Whole Grain-Rich	F. Check Box if Prepared from a Recipe	G. Number of Portions Sold							H. Availability		
						Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Sent Off-Site	During breakfast	During lunch	Outside of meal periods
Ranch dip			☐ Regular ☐ Light ☐ Fat free		☐								☐	☐	☐
Salad dressing			☐ Regular ☐ Light ☐ Reduced calorie ☐ Fat free Specify type: _____		☐								☐	☐	☐
Salsa			☐ Low sodium										☐	☐	☐
Sour cream			☐ Regular ☐ Light ☐ Fat free										☐	☐	☐
Syrup			☐ Regular ☐ Reduced calorie ☐ Sugar free										☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
Other Items															
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
				☐	☐								☐	☐	☐
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F02.01.01.11. MENU SURVEY ENHANCEMENTS ADMINISTERED THROUGH THE ELECTRONIC MENU SURVEY (EMS)

(GROUP 2A, GROUP 3)

Questions Related to Offering Different Foods and/or Portion Sizes to Students in Different Grade Groups (Group 2a and Group 3)

Note: If the school includes students from more than one of the standard grade groups used in the NSLP/SBP nutrition standards (computed based on responses to Screener Q7 and Q7a), the Electronic Menu Survey (EMS) will include additional questions on the Reimbursable Foods Form (for lunch and breakfast) that ask about offering different foods and/or portion sizes to students in different grade groups.

[If school includes the following grade group combinations: K-5 and 6-8; K-5 and 9-12; 6-8 and 9-12; or K-5, 6-8, and 9-12, ask the following questions:]

Reimbursable Foods Form for Lunch

1. For reimbursable lunches, does your school offer the same menu to all students—meaning the same foods and portion sizes—or does your school ever offer different foods and/or portion sizes to students in different grade groups?

    MARK ONE

    ₁ ☐ School offers the <u>same menu to all students</u> (same foods and portion sizes).

    ₂ ☐ School sometimes <u>offers different foods and/or portion sizes</u> to students in different grade groups.

[If Q1 = 1, end; If Q1 = 2, ask Q2a]

2a. For reimbursable lunches, does your school ever offer <u>different types of foods</u> to students in different grades (for example, younger students get tacos and older students get burritos)?

    ₁ ☐ Yes

    ₀ ☐ No

1

[If Q2a = Yes, ask Q2b; if Q2a = No, ask Q3a]

2b. For each of the following categories of foods, please indicate whether your school offers <u>different foods</u> to different grade groups of students for reimbursable lunches.

MARK ONE PER ROW

		YES	NO
a.	Milk	1 ☐	0 ☐
b.	100% fruit juices	1 ☐	0 ☐
c.	Fruits (excluding juice)	1 ☐	0 ☐
d.	Vegetables	1 ☐	0 ☐
e.	Entrée or meat/meat alternate items (such as sandwiches, pizza, entrée salads, chicken tenders, cheese sticks)	1 ☐	0 ☐
f.	Bread and grain items offered separately (such as crackers, croutons, rolls, tortilla chips)	1 ☐	0 ☐
g.	Desserts, drinks, and snack items (such as cookies, fruit drinks, Jello)	1 ☐	0 ☐
h.	Condiments and salad dressings	1 ☐	0 ☐

3a. For reimbursable lunches, does your school ever offer <u>different portion sizes of the same food</u> to students in different grades (for example, younger students get 3 oz burritos and older students get 5 oz burritos)?

       1 ☐ Yes

       0 ☐ No

[If Q3a = No, skip to Q5]

3b. For each of the following categories of foods, please indicate whether your school offers <u>different portion sizes</u> to different grade groups of students for reimbursable lunches.

MARK ONE PER ROW

		YES	NO
a.	Milk	1 ☐	0 ☐
b.	100% fruit juices	1 ☐	0 ☐
c.	Fruits (excluding juice)	1 ☐	0 ☐
d.	Vegetables	1 ☐	0 ☐
e.	Entrée or meat/meat alternate items (such as sandwiches, pasta, pizza, entrée salads, chicken tenders, cheese sticks)	1 ☐	0 ☐
f.	Bread and grain items offered separately (such as crackers, croutons, rolls, tortilla chips)	1 ☐	0 ☐
g.	Desserts, drinks, and snack items (such as cookies, fruit drinks, Jello/gelatin)	1 ☐	0 ☐
h.	Condiments and salad dressings	1 ☐	0 ☐

[If Q2b or Q3b = Yes for a food category: When completing the Reimbursable Foods Form each day, the SNM will indicate for each food under that food category: (1) which grade group(s) each food is offered to, and (2) whether the food is offered in different portion sizes. For foods offered in different portion sizes, the SNM will enter separate portion sizes for each relevant grade group.]

[If Q3a = Yes (offer different portion sizes)]

4. For foods that are offered in different portion sizes, do you track how many servings of each portion size were served to each grade group?

       1 ☐   Yes

       0 ☐   No

[If Q4 = Yes (track each portion size separately), SNM will be asked to report number of portions data separately for each portion size for a given food. If Q4 = No (do not track each portion size separately), SNM will be asked to report number of portions data across all available portion sizes.]

5. On an average day, how many reimbursable lunches do you serve to students in each grade group?

    [DISPLAY GRADE GROUPS FOR SCHOOL]

    _____ Students in grades K to 5

    _____ Students in grades 6 to 8

    _____ Students in grades 9 to 12

    ☐ Don't know

[Note: If Q4 = No (do not track each portion size separately), we will use data from Q5 to allocate the combined number of portions data for a given food to the individual portion size associated with each grade group. If Q5 = Don't know, we attempt to get enrollment data by grade group to do this allocation.]

Reimbursable Foods Form for Breakfast

1. For reimbursable breakfasts, does your school offer the same menu to all students—meaning the same foods and portion sizes—or does your school ever offer different foods and/or portion sizes to students in different grade groups?

    MARK ONE

       1 ☐ School offers the same menu to all students (same foods and portion sizes).

       2 ☐ School sometimes offers different foods and/or portion sizes to students in different grade groups.

[If Q1 = 1, end; If Q1 = 2, ask Q2a]

2a. For reimbursable breakfasts, does your school offer different types of foods to students in different grades (for example, younger students get cereal and older students get muffins)?

       1 ☐   Yes

       0 ☐   No

[If Q2a = Yes, ask Q2b; if Q2a = No, ask Q3a]

2b. For each of the following categories of foods, please indicate whether your school offers <u>different foods </u>to different grade groups of students for reimbursable breakfasts.

MARK ONE PER ROW

	YES	NO
a. Milk	1 ☐	0 ☐
b. 100% juice	1 ☐	0 ☐
c. Fruits and vegetables (excluding juice)	1 ☐	0 ☐
d. Breakfast entrées and bread and grain items (such as breakfast pizzas, sandwiches, cold or hot cereal, pancakes, French toast)	1 ☐	0 ☐
e. Meat/meat alternate items (such as eggs, sausage, yogurt)	1 ☐	0 ☐
f. Condiments	1 ☐	0 ☐

3a. For reimbursable breakfasts, does your school offer <u>different portion sizes of the same food</u> to students in different grade (for example, younger students get 1 oz muffin and older students get 2 oz muffin).

   1 ☐ Yes

   0 ☐ No

[If Q3a = No, skip to Q5]

3b. For each of the following categories of foods, please indicate whether your school offers <u>different portion sizes</u> to different grade groups of students for reimbursable breakfasts.

MARK ONE PER ROW

	YES	NO
a. Milk	1 ☐	0 ☐
b. 100% juice	1 ☐	0 ☐
c. Fruits and vegetables (excluding juice)	1 ☐	0 ☐
d. Breakfast entrées and bread and grain items (such as breakfast pizzas, sandwiches, cold or hot cereal, pancakes, French toast)	1 ☐	0 ☐
e. Meat/meat alternate items (such as eggs, sausage, yogurt)	1 ☐	0 ☐
f. Condiments	1 ☐	0 ☐

[If Q2b or Q3b = Yes for a food category: When completing the Reimbursable foods Form each day, the SNM will indicate for <u>each food under that food category</u>: (1) which grade group(s) each food is offered to, and (2) whether the food is offered in different portion sizes. For foods offered in different portion sizes, the SNM will enter separate portion sizes for each relevant grade group.]

[If Q3a = Yes (offer different portion sizes)]

4. For foods that are offered in different portion sizes, do you track how many servings of each portion size were served to each grade group?

    ₁ ☐ Yes

    ₀ ☐ No

[If Q4 = Yes (track each portion size separately), SNM will be asked to report number of portions data separately for each portion size for a given food. If Q4 = No (do not track each portion size separately), SNM will be asked to report number of portions data across all available portion sizes.]

5. On an average day, how many reimbursable breakfasts do you serve to students in each grade group?

    [DISPLAY GRADE GROUPS FOR SCHOOL]

    _____ Students in grades K to 5

    _____ Students in grades 6 to 8

    _____ Students in grades 9 to 12

    ☐ Don't know

[Note: If Q4 = No (do not track each portion size separately), we will use data from Q5 to allocate the combined number of portions data for a given food to the individual portion size associated with each grade group. If Q5 = Don't know, we attempt to get enrollment data by grade group to do this allocation.]

**EMS Foods Paired/Offered Together Module
and Food Bar Questions (Group 2a, Group 3, FOA)**

Note: The Electronic Menu Survey (EMS) will include additional questions that collect information needed for the compliance assessment. This includes the "Foods paired/offered together" module in the Reimbursable Foods Forms (for lunch and breakfast) and questions about salad bars.

1. **EMS FOODS PAIRED/OFFERED TOGETHER MODULE**

   The Reimbursable Foods Forms in the EMS will include a "foods paired/offered together" module. After the school nutrition manager (SNM) reports all foods that were offered on a given day (and associated food details), she will be taken to the "foods paired/offered together" module. The module will be programmed to ask questions based on the specific foods reported on a given day.

   If the menu day includes any separate grain items (for example, rice, rolls, or crackers) or any meat/meat alternate items (for example, yogurt, string cheese, peanut butter), the SNM will be asked if the item is served only with another item. If the SNM answers "yes", they will be asked to "pair" the items together (for example, the crackers were available only with the Chef's salad).

   After pairing items together, if 2 or more separate grain items or 2 or more separate meat/meat alternate items are left "unpaired" the SNM will be asked how many of the "unpaired" items students can select (separately for grains and meats/meat alternates).

2. **FOOD BAR QUESTIONS**

   If a side salad bar or entrée salad bar is reported, the EMS will ask the SNM a follow-up question regarding the rules for visiting the bar.

   [If Reimbursable Foods Form includes side salad bar, ask:]

   Can students visit the side salad bar in addition to choosing other fruit or vegetable choices?

   - Yes, students can take fruits and vegetables from the side salad bar and also choose other fruits and vegetables offered outside of the bar.

   - No, students can either visit the side salad bar OR take other fruit and vegetable choices offered outside of the bar (but not both).

   [If Reimbursable Foods Form includes entrée salad bar, ask]:

   Can all students visit the entrée salad bar in addition to taking another entrée choice, or is the bar considered a separate entrée choice?

   - All students can visit the entrée salad bar and also take another entrée choice.

   - Students can either visit the entrée salad bar OR take a different entrée choice offered outside of the bar (but not both).