

UCHRA Van Buren County Head Start

Date: _____

Dear Parents:

This letter is in regards to the menu that you have received for our first Month of school showing what the children will be served for snacks and Meals while at Head Start.

Please take a few minutes of your time to offer suggestions or recommendations, so that we may use your input in the future planning process. Also, please keep in mind that any time during the school year, we value your input into the nutrition program at Head Start. If you have any suggestions or recommendations in the future or would like to become more involved in the nutrition program, please do not hesitate to contact us.

Thank you for your time,

Health/Disability Service Specialist

Parent Evaluation of Food Service Program

1. Does the menu contain foods which are liked by your child?
Yes ___ No_____

2. Are enough hot foods included?
Yes ___ No_____

3. Are enough cold foods included?
Yes ___ No_____

4. Is there enough variety of color, flavor, texture, and taste?
Yes ___ No_____

5. Have enough raw fruits and vegetables been included?
Yes ___ No_____

6. Is there a good variety of different types of foods?
Yes ___ No_____

7. Are there enough finger foods included?
Yes ___ No_____

8. Are there new foods included on the menu which your child has never or rarely ever eaten? Yes ___ No_____

9. Have enough natural juices been included?
Yes ___ No_____

10. Have you been surprised by any food choices?
Yes ___ No_____

What foods have you been surprised by and why?

MY CHILD LIKES THE FOLLOWING FOODS. PLEASE CHECK ALL THAT APPLY. PLEASE FEEL FREE TO ADD ANY FOODS NOT LISTED.

BREAKFAST:

Milk _____	Apples _____	Grapefruit _____
Apple Juice _____	Oranges _____	Peaches _____
Orange Juice _____	Bananas _____	Cherries _____
Grape Juice _____	Pineapple _____	Strawberries _____
Muffins _____	Biscuits _____	Cinnamon Toast _____
Egg _____	Sausage _____	Rice Crispies _____
Other: _____		

LUNCH FOODS:

Spaghetti/Sauce _____	Sweet Potatoes _____	Mashed Potatoes _____
Salmon Patties _____	Spinach _____	Sliced Tomatoes _____
Turkey Sandwich _____	Pickles _____	Lettuce _____
Chicken Sandwich _____	Corn _____	Carrots _____
Chili _____	Hot Dogs _____	Tossed Salad _____
Cauliflower _____	Asparagus _____	Celery _____
Broccoli _____	Cucumber _____	Cooked Carrots _____
Hamburger _____	Avocado _____	Tater Tots _____
Pizza _____	Fish _____	Squash _____
Fried Chicken _____	Peanut Butter _____	Beets _____
Macaroni & Cheese _____	Green Beans _____	Ham _____
Pinto Beans _____	Turnip Greens _____	Cabbage _____

BREADS:

Cornbread _____	Crackers _____	Rolls _____
Wheat Bread _____	Wheat Crackers _____	Biscuit _____
Stuffing _____	Muffin _____	

SNACK/FINGER FOOD

Vanilla Wafers _____	Cakes _____	Graham Crackers _____
Ritz Crackers _____	Raisin Toast _____	Cheese/Crackers _____
Peanut Butter _____	Banana Slices _____	Cheese Sticks _____
Apple Wedges _____	Raisins _____	Figs _____
Celery Sticks _____	With Cheese _____	With Peanut Butter _____

Tomato Wedges _____
Cauliflower _____
Watermelon _____
Tangerine Sections _____
Apricots _____
Raspberries _____

Grapefruit _____
Orange Sections _____
Cantaloupe _____
Plums _____
Strawberries _____
Cabbage Wedges _____

Prunes _____
Cooked Apples _____
Blueberries _____
Melon Cubes _____
Pineapple _____
Grapes _____

SOMETIME FOODS:

Bacon _____
Honey _____
Potato Chips _____
Mustard _____

Cookies _____
Jam _____
Ice Cream _____
Gravy _____

Donuts _____
Jelly _____
Mayonnaise _____
Butter _____

PLEASE LIST ANY OTHER FOODS THAT YOUR CHILD MIGHT NOT TO EAT OR ANY COMMENTS THAT YOU MIGHT LIKE TO GIVE:

PLEASE SIGN AND RETURN THE EVALUATION TO THE HEAD START AT YOUR EARLIEST CONVIENCE. THANK YOU VERY MUCH FOR YOUR ASSISTANCE.

SIGNATURE

DATE