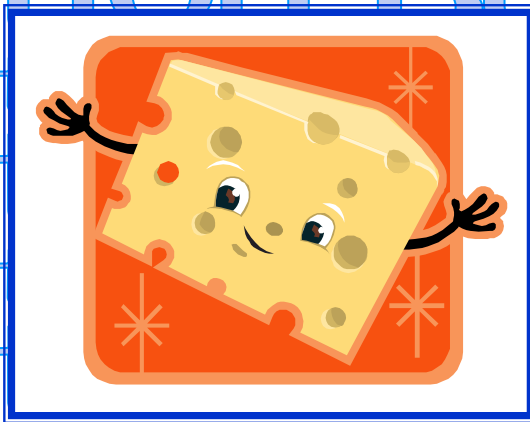


Food Group: Milk
Lesson 2



Worksheet: How much do you need?
Activity: Match up serving size examples with food

1) Materials:

- Worksheet “How much do you need?”
-One copy per child
- Serving size examples for each group: (3-4 children per group)
Baseball Tennis ball Pair of dice
- Labels to attach to the serving size examples for each group
- Tape

3) Activity:

Have the children complete the worksheet.

Go through it together to make sure everyone has the correct answers.

Put the children in groups (3-4 children/group) and have them label the serving size examples.

2) Introduction to lesson:

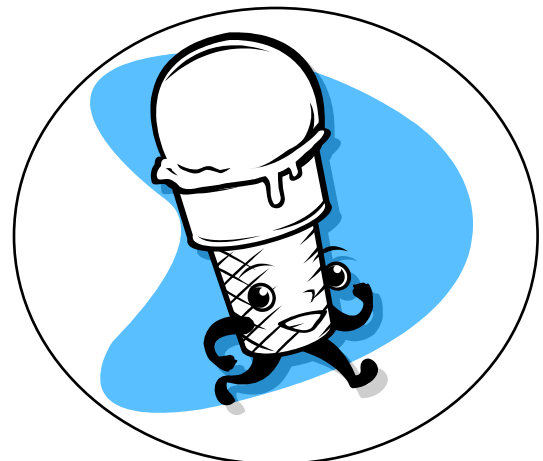
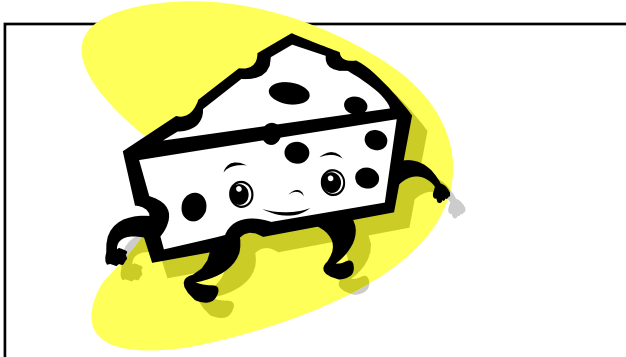
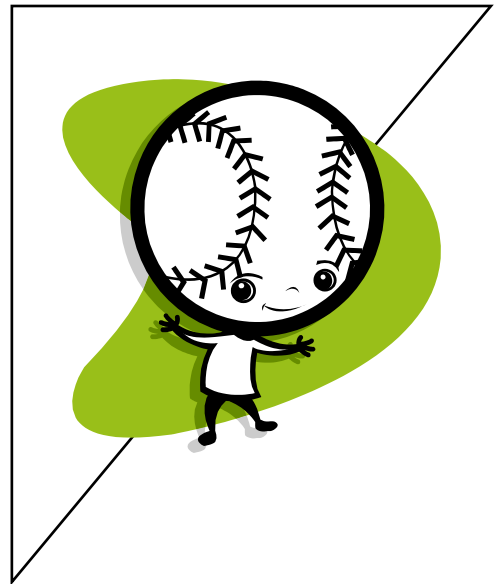
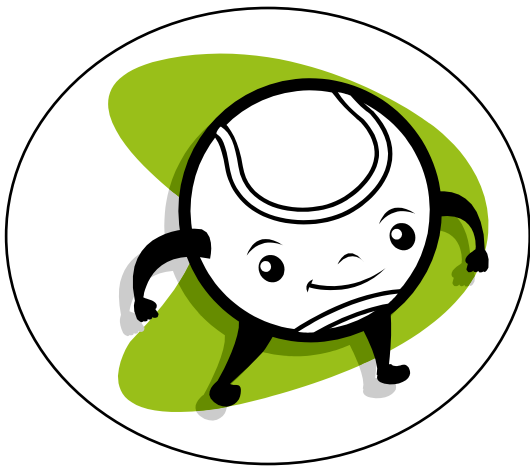
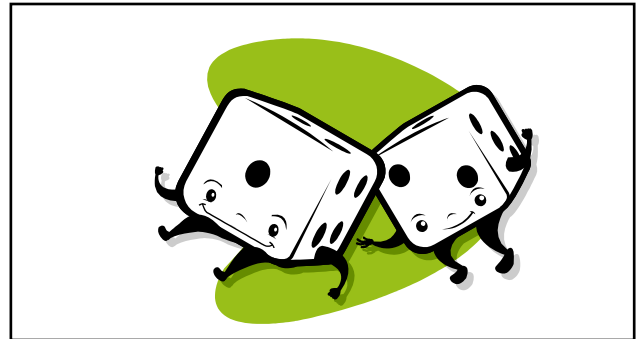
- Introduce yourself and any helpers to child(ren) if they do not already know you
- Tell the children they will learn about the serving sizes of the milk group
- Hand out the worksheet

4) Wrap-Up

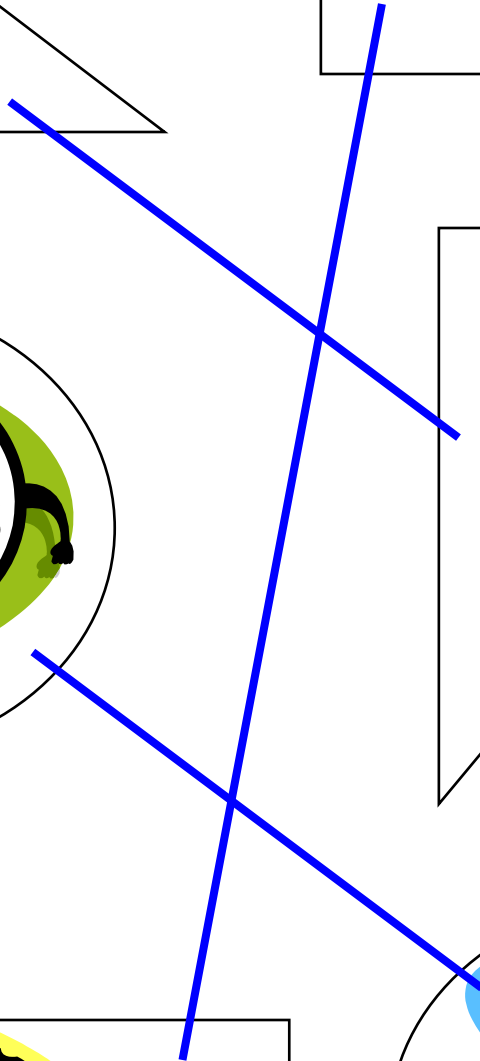
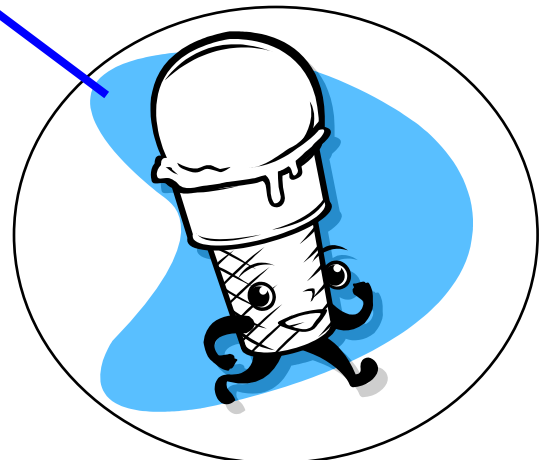
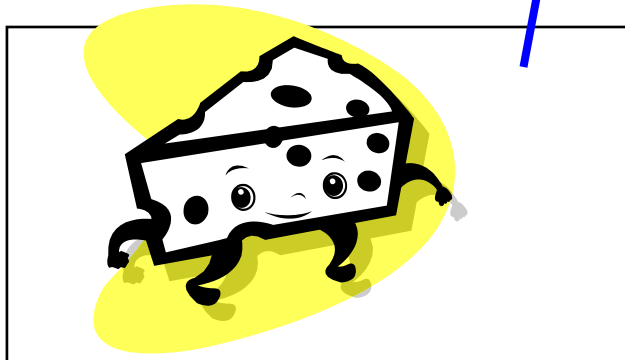
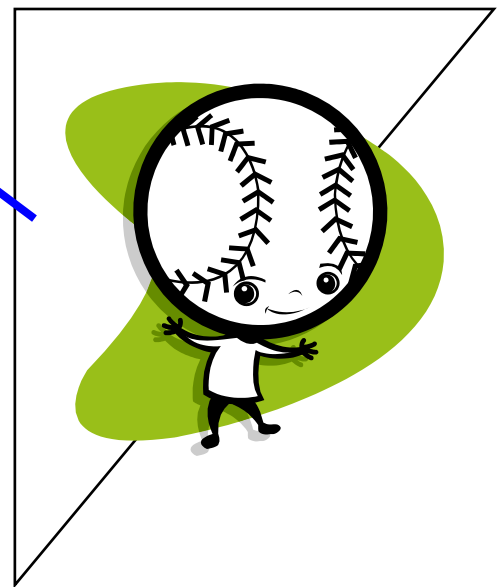
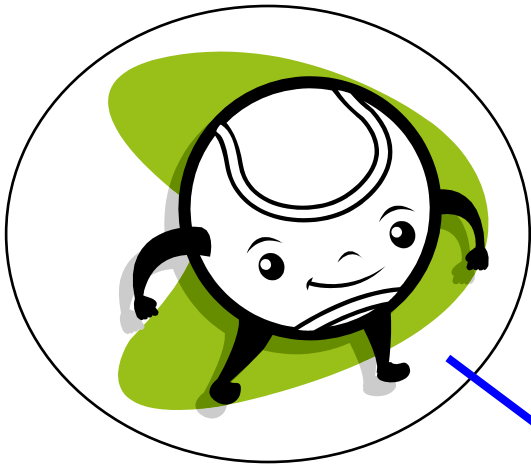
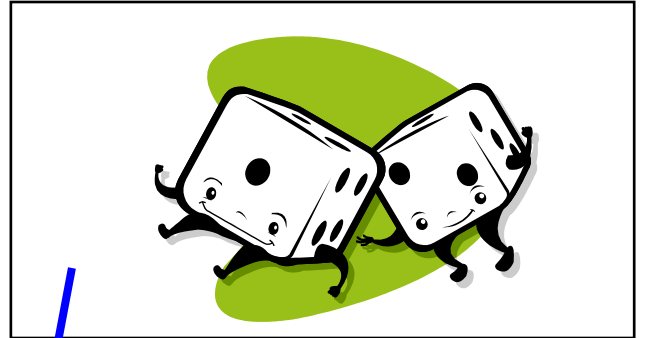
- Thank the child(ren) for participating
- Fill out the capsule evaluation/report form and send to the state office

How Much Do You Need?

Draw a line to match up the shapes to learn what serving sizes you need of foods in the milk group!



Worksheet Key



1 ounce of cheese

1 cup of milk

1 cup of ice cream

1 ounce of cheese

1 cup of milk

1 cup of ice cream

1 ounce of cheese

1 cup of milk

1 cup of ice cream

1 ounce of cheese

1 cup of milk

1 cup of ice cream



Evaluation & Report Form



Capsule 14
Milk

Chapter: _____ **Report Filled Out By:** _____

Type of site: _____

Target Group: (Nutrition Buddies Projects must focus on eligible nutrition education activities provided in schools or groups with **50% or higher** number of students receiving free national school lunch)

_____ Entire School

_____ Church group

_____ Specific grade level (what grade)

_____ Community partner _____

_____ After school group

_____ One on One Mentorship

_____ Other: _____

Audience:

New Nutrition Buddies

(If unknown include all Buddies as new)

Number in age group

Birth to 5 _____ 6 to 10 _____

11 to 14 _____ 15 to 18 _____ **Totals=** _____

Returning Nutrition Buddies

(If unknown include all Buddies as new)

Number in Age Group

Birth to 5 _____ 6 to 10 _____

11 to 14 _____ 15 to 18 _____ **Totals=** _____

_____ Total number of youth that participated

_____ Percentage of youth who receive reduced or free lunches (must be at least 50%)

_____ Family Audience Taught (if applicable)

Describe evidence of learning you witnessed in the child(ren) from the beginning of the capsule session to the completion of the capsule (Ex. They listed 4 foods in the group at the beginning but learned 6 more foods while completing the worksheet)

Based on your observations rank the child(ren)'s level of knowledge (0-10) on this food group at the beginning of the capsule session and at the end of the capsule session. 0-little to no knowledge – 10-know it all!

Beginning _____

Completion _____

Comments:

Comments:

List any comments you have on this capsule and/or ways it could be improved: