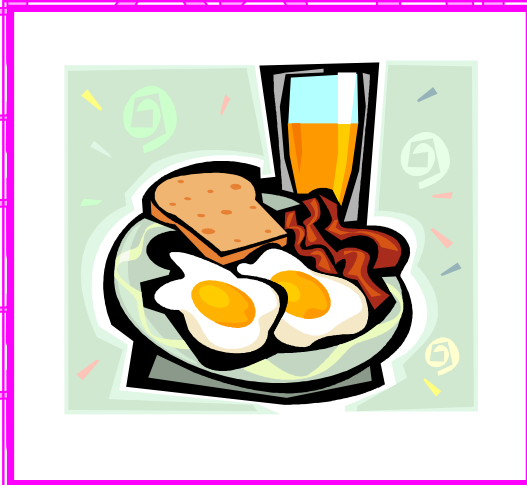


Breakfast Basics  
Lesson 1



Worksheet: What's For Breakfast?

### 1) Materials:

- Worksheet: 'What's for Breakfast?'  
-One copy per child
- Crayons or markers

### 3) Activity:

Go through the directions of the worksheet together.

Have the children complete and color the worksheet.

When everyone is complete have the children share with their neighbor (or the whole group) what their favorite breakfast food is (from the worksheet)

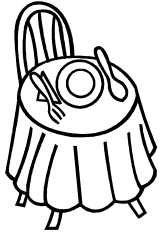
### 2) Introduction to lesson:

- Introduce yourself and any helpers to child(ren) if they do not already know you
- Ask the children who ate breakfast this morning
- Ask them why they think they might need breakfast
- Tell them they need to eat breakfast every morning because after sleeping all night our bodies need a boost of energy to get going for the day. If we skip breakfast we will be hungry and it is hard to concentrate on school when your stomach is growling!
- Pass out the worksheet

### 4) Wrap-Up

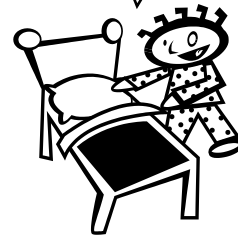
- Thank the child(ren) for participating
- Fill out the capsule evaluation/report form and send to the state office

# What's For Breakfast



What was on your breakfast table this morning?  
Draw what you had for breakfast today!

Remember: Don't skip breakfast. When you wake up, your body needs an energy boost to get you ready for the day!



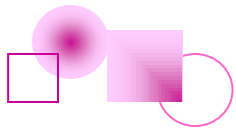
Circle and color the breakfast foods you like!



If you could have anything for breakfast tomorrow morning, what would you have? Draw it here:

Eating a good breakfast will help you do your best in school!





# Evaluation & Report Form

**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**

**Based on your observations rank the child(ren)'s level of knowledge (0-10) on this topic 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:**