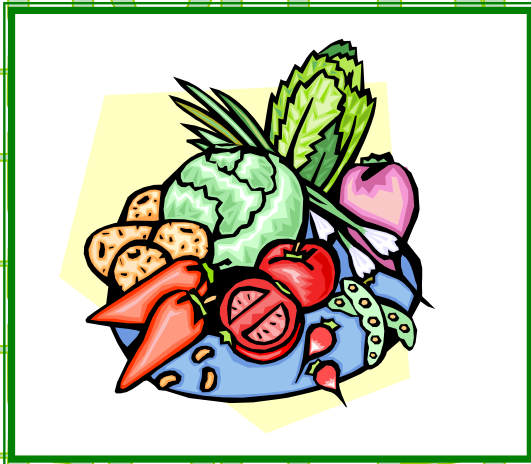


Food Group: Vegetables  
Lesson 2



Worksheet: How Much Do You Need?  
Activity: Serving size vote

### 1) Materials:

- Serving size visuals  
Tennis ball (2)  
Small Styrofoam cup  
Light bulb  
6 markers
- 5 boxes with lids that have a slot cut into them or 5 large envelopes
- Voting cards  
-One set per child or one set per 3 children (if having them work in groups)
- Chalkboard, marker board or large paper to report votes on
- Chalk or markers
- Worksheet “How Much Do You Need?”

### 3) Activity:

Explain how the voting will work: each child/group will vote on which visual they think corresponds with the correct food serving from the vegetable group

They vote by placing the food serving card into the box or envelop

Once everyone/group has voted with all of their cards, as a large group tally up the votes and write the results on the board

Go through the worksheet directions together. Make sure they write their name on the worksheet and collect them to see results of learning. Give back the sheet to them during the next capsule

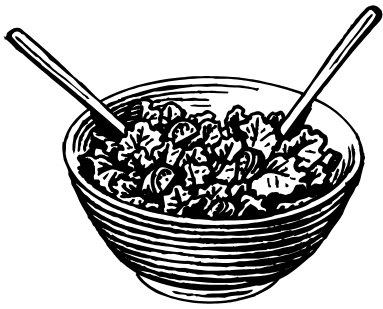
### 2) Introduction to lesson:

- Introduce yourself and any helpers to child(ren) if they do not already know you
- Set up the visuals and one box or envelop per visual in the front of the room
- Tell the children today we are going to learn about serving sizes in the vegetable group
- If having the children work in groups, divide them into groups
- Have the children name what each visual is as a large group

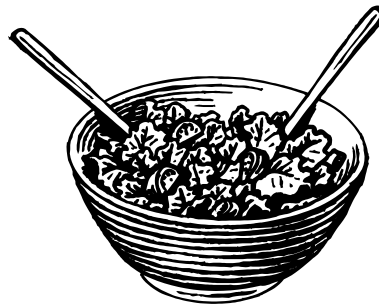
### 4) Wrap-Up

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

(Each column is a set-this sheet contains two sets of the cards)



1 cup  
green salad



1 cup  
green salad



1 baked  
potato



1 baked  
potato



$\frac{3}{4}$  cup  
tomato juice



$\frac{3}{4}$  cup  
tomato juice



$\frac{1}{2}$  cup  
cooked broccoli



$\frac{1}{2}$  cup  
cooked broccoli



$\frac{1}{2}$  cup  
Serving (carrots,  
asparagus, corn)



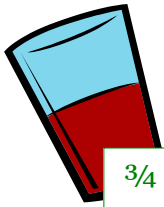
$\frac{1}{2}$  cup  
Serving  
(carrots,  
asparagus,  
corn)

name: \_\_\_\_\_

# How Much Do You Need

Every day you should try to get 2 1/2 cups of vegetables.  
Try to eat a variety of colors when choosing vegetables too!

Fill in the blank next to each food with the correct letter of the serving size example



3/4 cup tomato juice

\_\_\_\_\_

A.) tennis ball



1/2 cup serving carrots

\_\_\_\_\_

B.) light bulb



1/2 cup cooked broccoli

\_\_\_\_\_

C.) Styrofoam cup



1 baked potato

\_\_\_\_\_

D.) 6 markers



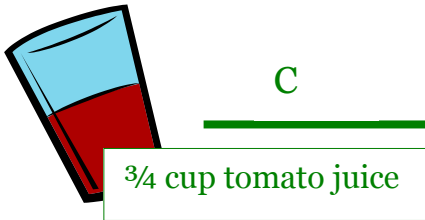
1 cup green salad

\_\_\_\_\_

E.) tennis ball



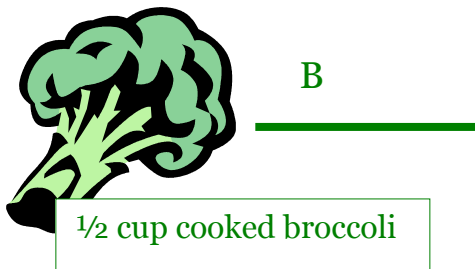
# Worksheet Key



A.) tennis ball



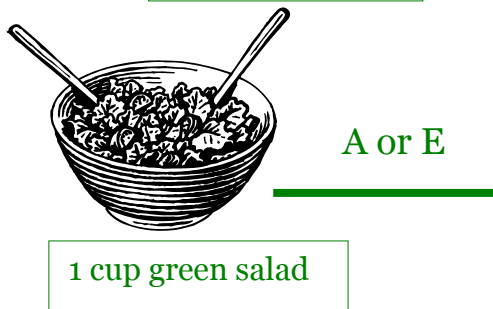
B.) light bulb



C.) Styrofoam cup

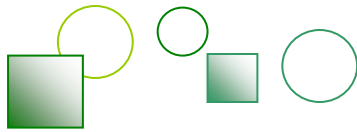


D.) 6 markers



E.) tennis ball





# 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 including results from 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:**