

NutriStudents K-12 Weekly Certification Worksheet

SSO K-8 4DAY MENU WEEK 2

4 Day Week								Weekly Total	Weekly Rqmt.	Weekly Rqmt. Check	Weekly Fruit Juice Limit Check (<= half of total fruit)	Total Weekly Fruit	Total Weekly Fruit Juice	% of Total Weekly Fruit that is Juice	Weekly Rqmt. Check
Fruit: Minimum (cups)	0.5	0.5	0.5	0.5				2	2	Yes		2	0	0.00%	Yes
Vegetables: Minimum (cups)	0.75	0.75	0.75	0.75				3	3	Yes	Weekly Vegetable Juice Limit Check (<= half of total Veg)	Total Weekly Veg.	Total Weekly Veg. Juice	% of Total Weekly Veg. that is Juice	Weekly Rqmt. Check
-Dark Green	0.5	0	0	0				0.5	0.5	Yes					
-Red/Orange	0	0	0.75	0				0.75	0.75	Yes					
-Legumes	0	0	0	0.5				0.5	0.5	Yes					
-Starchy	0	0.5	0	0				0.5	0.5	Yes					
-Other	0.25	0.25	0	0.25				0.75	0.5	Yes					
												3	0	0.00%	Yes
Meat/Meat Alt: Minimum (oz eq)	2	2	1.5	2				7.5	7	Yes					
Meat/Meat Alt: Maximum (oz eq)	2	2	1.5	2				7.5	8	Yes					
Grain: Minimum (oz eq)	2	2	2	3				9	6.5	Yes					
Grain: Maximum (oz eq)	2	2	2	3				9	7	OVER					
Grain Based Dessert Total for all weekly meals								0	No more than 2 oz	Yes					
Whole Grain Rich Weekly Amount	Weekly Grains Total	9	Weekly Whole Grain Rich Total	9	% of Whole Grain Rich	100%			100% whole grain rich	Yes					
								Weekly Total	Weekly Rqmt.	Weekly Rqmt. Check					
Milk: Minimum (cups)	1	1	1	1				4	4	Yes					
Variety: Skim/Fat-free unflavored, Skim/fat-free flavored, Low-fat(1% or less) unflavored	Yes	Yes	Yes	Yes											
Low-fat(1% or less), flavored															
Reduced fat(2%) or whole, unflavored and flavored															

**Cells with this background color signify Requirements not being met!