

NutriStudents K-12 Weekly Certification Worksheet

SSO 6-8 7DAY MENU WEEK 2

| 7 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 | 0.5 | 0.5 | 0.5 | 3.5 | 3.5 | Yes | | 3.5 | 0 | 0.00% | Yes |
| Vegetables: Minimum (cups) | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 5.25 | 5.25 | 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 | 0.5 | 0 | 0 | 0 | 0.5 | 0 | 1.5 | 0.5 | Yes | | | | | |
| -Red/Orange | 0 | 0 | 0 | 0.75 | 0 | 0 | 0 | 0.75 | 0.75 | Yes | | | | | |
| -Legumes | 0 | 0 | 0 | 0 | 0.5 | 0 | 0 | 0.5 | 0.5 | Yes | | | | | |
| -Starchy | 0 | 0 | 0.5 | 0 | 0 | 0 | 0 | 0.5 | 0.5 | Yes | | | | | |
| -Other | 0.25 | 0.25 | 0.25 | 0 | 0.25 | 0.25 | 0.75 | 2 | 0.5 | Yes | | | | | |
| Meat/Meat Alt: Minimum (oz eq) | 2 | 2 | 2 | 1.5 | 2 | 2 | 2 | 13.5 | 12.5 | Yes | | | | | |
| Meat/Meat Alt: Maximum (oz eq) | 2 | 2 | 2 | 1.5 | 2 | 2 | 2 | 13.5 | 14 | Yes | | | | | |
| Grain: Minimum (oz eq) | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 15 | 11 | Yes | | | | | |
| Grain: Maximum (oz eq) | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 15 | 14 | OVER | | | | | |
| Grain Based Dessert Total for all weekly meals | | | | | | | | 0 | No more than 2 oz | Yes | | | | | |
| Whole Grain Rich Weekly Amount | Weekly Grains Total | 15 | Weekly Whole Grain Rich Total | 15 | % of Whole Grain Rich | 100% | | | 100% whole grain rich | Yes | | | | | |
| | | | | | | | | Weekly Total | Weekly Rqmt. | Weekly Rqmt. Check | | | | | |
| Milk: Minimum (cups) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 7 | Yes | | | | | |
| Variety: Skim/Fat-free unflavored, Skim/fat-free flavored, Low-fat(1% or less) unflavored | Yes | Yes | Yes | 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!