

Name: _____

Date: _____

WEEKLY FOOD LOG

Summative Assessment

Date:	Breakfast	Lunch	Dinner	Snack	Water (# of Glasses)
Monday					
Date:	Breakfast	Lunch	Dinner	Snack	Water (# of Glasses)
Tuesday					
Date:	Breakfast	Lunch	Dinner	Snack	Water (# of Glasses)
Wednesday					
Date:	Breakfast	Lunch	Dinner	Snack	Water (# of Glasses)
Thursday					
Date:	Breakfast	Lunch	Dinner	Snack	Water (# of Glasses)
Friday					
Date:	Breakfast	Lunch	Dinner	Snack	Water (# of Glasses)
Saturday					
Date:	Breakfast	Lunch	Dinner	Snack	Water (# of Glasses)
Sunday					