

School/Site: _____

AFTER SCHOOL SNACK PRODUCTION RECORD NSLP After-School Snack Program

Week of: _____

	A	B	C	D	E	F	G	H
	Check (✓) Menu Components for each day (must ✓ at least 2 required components)	Snack Menu	No. of Planned Snacks	Serving Size	Amount needed to meet requirements (A x D)	Total Amount Prepared	# Students Served	# Adults Served
Monday	<input type="checkbox"/> M/MA (1 oz) <input type="checkbox"/> Milk (½ pt) <input type="checkbox"/> F/V (¾ cup) <input type="checkbox"/> G/B (1 serving) <input type="checkbox"/> Other							
Tuesday	<input type="checkbox"/> M/MA (1 oz) <input type="checkbox"/> Milk (½ pt) <input type="checkbox"/> F/V (¾ cup) <input type="checkbox"/> G/B (1 serving) <input type="checkbox"/> Other							
Wednesday	<input type="checkbox"/> M/MA (1 oz) <input type="checkbox"/> Milk (½ pt) <input type="checkbox"/> F/V (¾ cup) <input type="checkbox"/> G/B (1 serving) <input type="checkbox"/> Other							
Thursday	<input type="checkbox"/> M/MA (1 oz) <input type="checkbox"/> Milk (½ pt) <input type="checkbox"/> F/V (¾ cup) <input type="checkbox"/> G/B (1 serving) <input type="checkbox"/> Other							
Friday	<input type="checkbox"/> M/MA (1 oz) <input type="checkbox"/> Milk (½ pt) <input type="checkbox"/> F/V (¾ cup) <input type="checkbox"/> G/B (1 serving) <input type="checkbox"/> Other							