## **Roster of Student Snacks Served**

Sample Form

Month: \_\_\_\_\_, 20\_\_\_\_

Record the date of the month. As each student is served the snack, mark an "X" in the box under the date the snack is served. Students must take all required food items. Total columns for each day snacks are served.

						Da	y of	the	Mor	nth					
Students' Names															
Total Snacks															