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.

| Students’ Names | Day of the Month |
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| Total Snacks |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |