



MAKING IT COUNT

School Meals Accountability & Responsibility Training Tools

Training Tracking Sheet

LUNCH

| | | | |
|--|--------------------|---|--------------------------------|
| Name of Participant & School: (For groups attach sign-in sheet) | | www.makingitcount.info | |
| Supervisor Name & District: | | | |
| Supervisor Notes: Group Pre-Training Plans | | Supervisor Notes: Self-study Training Plans | |
| Videos/Activities/Other (check all to be completed) For group trainings add the time spent for site-based group activities. | Creditable Minutes | Learning Codes | Date Completed |
| <input type="checkbox"/> Meal Pattern Requirements Part 1 VIDEO (8 mins. 24 secs.) | 10 | 1110 | |
| <input type="checkbox"/> Make the Food Count as the Right Component ACTIVITY | 5 | 1110 | |
| <input type="checkbox"/> Group Activity #1 - Key Word Kickoff or Key Word Match Game | | 1110 | |
| <input type="checkbox"/> Group Activity #2 - Vegetable Components and Subgroups | | 1110 | |
| <input type="checkbox"/> Meal Pattern Requirements Part 2 VIDEO (6 mins. 2 secs.) | 5 | 1110 | |
| <input type="checkbox"/> Making the Portion Count ACTIVITY | 5 | 1110 | |
| <input type="checkbox"/> Group Activity #3 - Reimbursable lunch: Daily/weekly Minimum Requirements | | 1110 | |
| <input type="checkbox"/> Dietary Specifications VIDEO (10 mins. 34 secs.) | 10 | 1100 | |
| <input type="checkbox"/> Making Healthier Food Choices ACTIVITY | 5 | 1300 | |
| <input type="checkbox"/> Identify a Reimbursable Lunch Part 1 VIDEO (8 mins. 52 secs.) | 10 | 2310 | |
| <input type="checkbox"/> Making it Count as an Offer Versus Serve Reimbursable Meal ACTIVITY | 5 | 2310 | |
| <input type="checkbox"/> Identify a Reimbursable Lunch Part 2 VIDEO (10 mins. 39 secs.) | 10 | 2310 | |
| <input type="checkbox"/> Group Activity #4 - Understanding Offer Versus Serve | | 2310 | |
| <input type="checkbox"/> Review Questions (Lunch) | 15 | 1110 | |
| <input type="checkbox"/> Group Processing/discussion | | 1110 | |
| <input type="checkbox"/> Demo: _____ | | | |
| <input type="checkbox"/> Q & A - Individual Discussion/Wrap-up Meeting with Supervisor | | 1100 | |
| <input type="checkbox"/> Other: _____ | | | |
| Total Creditable Minutes: | | | Certificate awarded on: |
| Supervisor Notes: Follow-up instructions | | | |