

# COVER SHEET

## NUTRITION REVIEW

### THE FOLLOWING INFORMATION MUST BE PROVIDED:

1. School Name \_\_\_\_\_
2. Agreement Number \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
City & Zip Code \_\_\_\_\_
4. Contact Person and Title: \_\_\_\_\_
5. Phone Number \_\_\_\_\_
6. Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
7. Dates of Nutrition Review Week \_\_\_\_\_
8. Name of school building used for this review \_\_\_\_\_
9. Do you serve breakfast in this building? \_\_\_\_\_ YES \_\_\_\_\_ NO

### 10. YOU MUST CHECK THE MENU PLANNING SYSTEM USED

**Refer to Menu Planning System document (lavender)**

- \_\_\_\_\_ Traditional Food Based
- \_\_\_\_\_ Enhanced Food Based
- \_\_\_\_\_ Nutrient Standard Menu Planning (NSMP)
- \_\_\_\_\_ Assisted Nutrient Standard Menu Planning (ANSMP)
- \_\_\_\_\_ Alternate Menu Planning Approach

### 11. CIRCLE ALL OF THE GRADES SERVED IN THE BUILDING YOU HAVE SELECTED FOR YOUR NUTRITION REVIEW

K   1   2   3   4   5   6   7   8   9   10   11   12

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Signature of Contact Person

Date

I certify that I have included all of the required information.

