



REPORT OF NUTRITIONIST'S VISIT

Site: _____ Date of Visit: _____

Name of Nutritionist: _____ Length of Visit: _____

Please briefly discuss the following to document your activities during the visit. Give to the Nutrition Coordinator for review and filing.

Classroom Observation and Review of Lesson Plans:

1. Outcomes:

2. Recommendations:

Kitchen Observations:

1. Outcomes:

2. Recommendations:

Nutrition Education Activities Planned or Delivered:

Staff: _____

Parents: _____

Children: _____

Number of Assessments Completed: _____

Number of Special Diets Planned: _____

Completed by contracted
Nutritionist after each visit.