

**Let's plan.**

# YOUR DAILY SERVINGS

**Protein**  
servings

**Fruit**  
servings

**Vegetable**  
servings

**Starch**  
servings

**Dairy**  
servings

**Fat**  
servings

**Condiment**  
servings

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							