



# LaPorte County Record Sheet

## 4-H Dairy Foods Project

Name: \_\_\_\_\_

4-H Club: \_\_\_\_\_

Years in 4-H: \_\_\_\_\_ Grade: \_\_\_\_\_ Division: \_\_\_\_\_

Purpose: To promote better food habits through the use of "MyPlate" in preparing well balanced meals, and to gain a better understanding of milk products and their benefits.

Did you give a demonstration on your Dairy Foods project? \_\_\_\_\_

Name of demonstration \_\_\_\_\_

List three new things you learned in the project this year?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

The amount of food from the Dairy Group you need to eat depends on your age. According to the table on "choosemyplate.gov/dairy," how much should you have for your age? \_\_\_\_\_

What other interesting facts did you discover while visiting this website? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why is it important to include Dairy Foods in your diet? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the Dairy Foods you prepared this year.

**Food prepared**

**Number of times prepared**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Food prepared**

**Number of times prepared**

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

List products other than milk that belong to the Dairy group. (Example – yogurt)

\_\_\_\_\_  
\_\_\_\_\_

Make up a day’s menu of meals and snacks that fulfill your nutritional needs from MyPlate. Circle all the items which are in the Dairy group.

Breakfast:	Lunch:
Dinner:	Snack (optional)

I have reviewed this record sheet and believe it to be correct.

Signature of 4-H Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Leader: \_\_\_\_\_ Date: \_\_\_\_\_