



Choose My Plate
choosemyplate.gov/resources/MyPlatePlan



Name: _____
 County: _____ 4-H Age: _____ Age Division: _____
 Recipe Name: _____ # of Servings _____
 Food Group Selected: _____

- Step 1:** List the amount of each ingredient in your selected food group (circled above). **Complete only one of the columns below.**
- Step 2:** Total the amount (cups or ounces) in the recipe for all of the ingredients in the **food group** you selected.
- Step 3:** Divide the **Total Cups or Ounces** (depending on the food group) by the number of servings in the recipe.
- Step 4:** Check "**Yes**" if your recipe contains the minimum serving size for the food group or "**No**" if it does not. All recipes entered in the Special Foods Contest must meet the minimum number of servings for the food group that was selected.

GRAINS Expressed in ounces or ounce equivalents	VEGETABLES Expressed in cups	FRUITS Expressed in cups	DAIRY Expressed in cups	PROTEIN Expressed in ounces or ounce equivalents
_____ Total ounces in recipe	_____ Total cups in recipe	_____ Total cups in recipe	_____ Total Cups in recipe	_____ Total ounces in recipe
_____ ÷ Servings in recipe	_____ ÷ Servings in recipe	_____ ÷ Servings in recipe	_____ ÷ Servings in recipe	_____ ÷ Servings in recipe
_____ = Ounces per serving	_____ = Cups per serving	_____ = Cups per serving	_____ = Cups per serving	_____ = Ounces per serving
Is there at least one ounce per serving?	Is there at least ½ cup per serving?	Is there at least ½ cup per serving?	Is there at least 1 cup per serving?	Is there at least 1½ – 2 ounces per serving?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE TO 4-H MEMBER: Be prepared to answer questions on the recommended daily amounts from the food group you select.