



To be completed by Pathways staff:		
School ID: _____	Form Code: KC5	
Version: A	Grade: 5	Seq. #: _____

Fifth Grade Kitchen Contact Form

Site: _____
 Date: _____
 Meal Observed: Breakfast____ or Lunch____

School: _____
 Time of Arrival in Kitchen: _____
 Time of Departure from Kitchen: _____

A. Pathways staff

	Name	Title
A1	_____	_____
A2	_____	_____
A3	_____	_____
A4	_____	_____

B. Food service staff contacted (List all that apply)

	Name
B1	Food Service Director _____
B2	Cook Manager _____
B3	Cook _____
B4	Other kitchen staff _____

C. Type of visit (Check all that apply)

- C1 Visit to kitchen
- C2 Visit to Food Service Director
- C3 Other - Please specify: _____

D. Focus of contact (Check all that apply)

- D1 Implemented Pathways Food Service Guidelines* (See below for directions)

- D2 Reinforced/follow-up on implementation of Pathways Food Service Guidelines** # _____
- D3 Met briefly with food service staff
- D4 Helped serve breakfast
- D5 Observed school breakfast
- D6 Ate breakfast
- D7 Helped serve lunch
- D8 Observed school lunch
- D9 Ate lunch
- D10 Helped Prepare School Meal
- D11 Coordinated curriculum or family food service activities
- D12 Meeting with Administration
- D13 Other - Please specify: _____

* Refer to following pages for guideline and specific activity codes. For example, if Guideline #1 was implemented (Offer Lower-Fat Milk), write "1D" to indicate offered 1% milk, or "1E" to indicate offered skim milk.

**Indicate number of guideline. Specific activity codes are not necessary.

If any food preparation or meal serving was observed, please complete the following pages.

Pathways Behavioral Guidelines Evaluation

Directions:

If you **observed** the Pathways Food Service behavioral guideline being implemented as stated:

Check yes (1) if guideline implemented

Check no (2) if guideline not being implemented

Check no opportunity (3) if no opportunity to observe whether the guideline was implemented or not

Guideline #1: Offer Lower-Fat Milk (skim, 1%)		1-YES	2-NO	3-No Opportunity
1A	Offered no whole milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1B	Offered no 2% milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1C	Offered no 1 1/2% milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1D	Offered 1% milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1E	Offered skim milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1F	Offered other milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1G	List other milk(s): _____			
Guideline #2: Drain and Rinse Ground Meat		1-YES	2-NO	3-No Opportunity
2A	Drained fat from cooked ground meat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2B	Rinsed cooked ground meat with hot water and drained again	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Guideline #3: Purchase Lower-Fat Vendor Products		1-YES	2-NO	3-No Opportunity
3A	Used lower-fat entrees that meet the Pathways nutrition guidelines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3B	List specific product(s): _____			
3C	Used low- or non-fat salad dressings that meet the Pathways nutrition guidelines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3D	List specific dressing(s): _____			
3E	Offered no high fat salad dressing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Guideline #4: Use Low-Fat Cheese		1-YES	2-NO	3-No Opportunity
4A	Used lower-fat cheese that meet the Pathways nutrition guidelines	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4B	List specific cheese(s): _____			
4C	Offered no high fat cheese	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4D	Used portion providing ≤ 5 grams of fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Guideline #5: Use Less or No Butter and Other Fats*		1-YES	2-NO	3-No Opportunity
5A	Served breads (including rolls, muffins, and biscuits) with no added butter to top of hot breads from the oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5B	Served breads on the serving line with no butter or other fats*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5C	Cooked spaghetti, macaroni, noodles, or rice in in water with little or no fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5D	Served spaghetti, macaroni, noodles, or rice with no added fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5E	Prepared gravy with no fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5F	Prepared hot vegetables with no added fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5G	Served hot vegetables with no added fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

*Fat includes butter, margarine, lard, meat drippings, regular cheese sauce, regular sour cream, regular shortening, and vegetable oil.

Guideline #6: Remove Butter and Other Fats from the Serving Line

6A Offered no butter, margarine, or other fats on the serving line

1-YES 2-NO 3-NoOpportunity
1 2 3

Guideline #7: Offer Choices of Fruits and Vegetables Opportunity

7A Offered two or more fruits

7B List fruits: _____

7C Offered two or more vegetables

7D List vegetables: _____

1-YES 2-NO 3- No

1 2 3
1 2 3

Guideline #8: Serving Seconds (Check Seconds Offered)

8A Offered no seconds of entree

8B Offered seconds of fruit

8C Offered seconds of vegetable

8D Offered seconds of bread

1-YES 2-NO 3-No Opportunity
1 2 3
1 2 3
1 2 3
1 2 3

Guideline #9: Portion Size

9A Used standard serving utensils

If no, list foods: _____

9B Used standard serving utensils correctly

9C Offered required amount of menu items

If no, list foods: _____

9D Used standard serving utensils correctly for entrée

1-YES 2-NO 3-No Opportunity
1 2 3
1 2 3
1 2 3
1 2 3

List follow-up actions needed:

1) _____

2) _____

3) _____

List Breakfast Served:

List Lunch Served:

General Comments (please include barriers to implementation of guidelines):

