Name_____Period_____Date_____

Diet Plan for _____

Create a diet for the person listed above. Be sure to follow the ChooseMyPlate and 2010 Dietary Guidelines for Americans.

Breakfast with beverage	
Lunch with beverage	
Snack	
Dinner with beverage	
Snack	

Servings	**Fruit Group**	**Vegetable**	**Grains**	**Protein**	**Dairy**	**Empty Calories**

Calories _____

Notes: _____

_____