

Lunch Time Questionnaire

At GLCP we respect the fact that families have different expectations and beliefs in regards to mealtime. It would help us if you could fill out this brief questionnaire about your expectations for your child's meals while at school.

Child's Name: _____ D.O.B. _____

I expect my child to finish _____ of his/her lunch while at school

All Most Some My child can decide based on his/her hunger level

My child must start lunch by eating the main meal (sandwich, pasta, protein etc.).

Yes No

My child may start lunch by eating anything that is healthy in the lunch box (fruit, veggie).

Yes No

My child needs to eat _____ before they can have a treat in their lunch box (chips, cookies, gummies). *This does not mean you need to, or should pack a treat

All Most Some My child can decide based on his/her hunger level

My child _____

Loves to eat Is a bit picky Is too busy to eat for long

At home I encourage my child to eat by _____

Additional comments about your child's eating habits and your philosophy: