

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

Date: \_\_\_\_\_

# Plan Your Power Snack!

Draw or list your snack below! It can be more than one.



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This snack helps me:

<input type="checkbox"/> <b>Feel Full</b>	<input type="checkbox"/> <b>Stay Calm</b>	<input type="checkbox"/> <b>Focus</b>	<input type="checkbox"/> <b>Energy</b>	<input type="checkbox"/> <b>Other</b>

When will I eat it?

<input type="checkbox"/> <b>Morning</b>	<input type="checkbox"/> <b>Lunch</b>	<input type="checkbox"/> <b>After School</b>	<input type="checkbox"/> <b>Other</b>

My snack is special because:

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