



Fresh Fruit and Vegetable Program Review Form

School District:	School Site:	Date:
Program Monitor:		

Question	YES	NO	N/A	CA	Comments
Is the FFVP available to all enrolled & eligible children at no cost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the FFVP offered during the school day, but outside of other child nutrition meal service times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the FFVP widely publicized within the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were only fresh fruits and vegetables served during the FFVP service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the school choose to offer a dip with the day's vegetable offering? <ul style="list-style-type: none"> If yes, was it fat-free or low-fat? If yes, was it no greater than a 2TBSP serving size? 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Is a cooked vegetable offered today? <ul style="list-style-type: none"> If yes, does it include nutrition education? If yes, is this the only cooked vegetable offered this week? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are teachers who are in the classroom serving FFVP items the only adults participating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did FFVP service follow all food safety and HACCP principals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewer's Signature & Title:
Corrective Action Plan (if applicable):
Comments or Commendations: