

**SCHOOL NUTRITION PROGRAM**  
FRESH FRUIT AND VEGETABLE PROGRAM SITE MONITORING REVIEW

<b>AGENCY/DISTRICT NAME:</b>		<b>DATE OF REVIEW:</b>	
<b>SITE/SCHOOL NAME:</b>			
What time are the items prepared?		What time are the items served?	
Today's FFVP Menu:			
		<b>YES</b>	<b>NO</b>
1. Is the FFVP offered during the school day?			
2. Is the FFVP offered outside of breakfast and lunch serving times?			
3. How many times a week is the FFVP offered at this site?			
4. Is the FFVP widely publicized at this site? Describe all methods:			
5. How many classrooms were observed as part of this review?			
6. Describe how the FFVP items are being served to students on the day of this review.			
7. Did the teacher participate in the tasting of the item(s)?			
8. Did nutrition education take place on the day of the review? If so, what type?			
9. Are proper sanitation practices being used in the classroom? Describe:			
10. How are leftovers handled?			
11. Have teachers been trained on program requirements? If so, when and by what method?			
12. Is corrective action required?			
13. If you answered YES to question #12, what is the corrective action? When will it be corrected and by whom? Explain:			
<b>Monitor's Name</b>		<b>Date of Review</b>	
<b>Monitor's Signature</b>		<b>Monitor's Title</b>	