



# Special Foods Recipe Worksheet



Name \_\_\_\_\_ County \_\_\_\_\_ 4-H Age \_\_\_\_\_

Food Group \_\_\_\_\_ Recipe Name \_\_\_\_\_

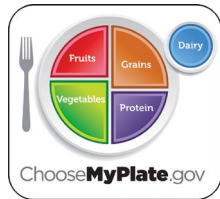
Age Division: \_\_\_\_\_ Indicate number of servings:     2     3     4     5     6

Please write the exact recipe to be prepared for the Special Foods Contest in the area provided below. Include the ingredients, amount of each ingredient, and complete directions to prepare the dish. **Please indicate the size of your can/jar/package in ounces.**



Choose My Plate

<https://www.myplate.gov/myplate-plan>



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

County: \_\_\_\_\_ 4-H Age: \_\_\_\_\_ Age Division: \_\_\_\_\_

Recipe Name: \_\_\_\_\_ # of Servings \_\_\_\_\_

Food Group Selected: \_\_\_\_\_

**Step 1:** List the amount of each ingredient in your selected food group (circled above). **Complete only one of the columns below.**

**Step 2:** Total the amount (cups or ounces) in the recipe for all of the ingredients in the **food group** you selected.

**Step 3:** Divide the **Total Cups or Ounces** (depending on the food group) by the number of servings in the recipe.

**Step 4:** Check “**Yes**” if your recipe contains the minimum serving size for the food group or “**No**” if it does not. All recipes entered in the Special Foods Contest must meet the minimum number of servings for the food group that was selected.

GRAINS Expressed in ounces or ounce equivalents	VEGETABLES Expressed in cups	FRUITS Expressed in cups	DAIRY Expressed in cups	PROTEIN Expressed in ounces or ounce equivalents
_____ Total ounces in recipe _____ ÷ Servings in recipe _____ = Ounces per serving Is there at least one ounce per serving? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Total cups in recipe _____ ÷ Servings in recipe _____ = Cups per serving Is there at least ½ cup per serving? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Total cups in recipe _____ ÷ Servings in recipe _____ = Cups per serving Is there at least ½ cup per serving? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Total Cups in recipe _____ ÷ Servings in recipe _____ = Cups per serving Is there at least 1 cup per serving? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Total ounces in recipe _____ ÷ Servings in recipe _____ = Ounces per serving Is there at least 1½ – 2 ounces per serving? <input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE TO 4-H MEMBER:** Be prepared to answer questions on the recommended daily amounts from the food group you select.



Name: \_\_\_\_\_ County: \_\_\_\_\_ 4-H Age: \_\_\_\_\_

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

Place Setting Occasion: \_\_\_\_\_

Directions: Write your menu below. Keep in mind the guidelines for writing menus. Label each meal (**Beginners:** snack or one meal; **Juniors:** one meal; **Seniors:** a full day menu.)

\_\_\_\_\_  
Judge's Initials