

Use your Investigator Eyes, Ears, and Nose



Date	What food did I throw away at school?	Why
<i>Sample</i>	<input checked="" type="checkbox"/> Meat <input type="checkbox"/> Vegetable <input checked="" type="checkbox"/> Fruit <input checked="" type="checkbox"/> Breads /Grains <input checked="" type="checkbox"/> Beverage (milk, fruit juice, soda) <input type="checkbox"/> Other _____	It looked like it would taste bad. It smelled yucky. I was told to take it, but I didn't want it. I was full. I didn't like the taste. My friends told me to hurry up.
Day 1	<input type="checkbox"/> Meat <input type="checkbox"/> Vegetable <input type="checkbox"/> Fruit <input type="checkbox"/> Breads /Grains <input type="checkbox"/> Beverage (milk, fruit juice, soda) <input type="checkbox"/> Other _____	
Day 2	<input type="checkbox"/> Meat <input type="checkbox"/> Vegetable <input type="checkbox"/> Fruit <input type="checkbox"/> Breads /Grains <input type="checkbox"/> Beverage (milk, fruit juice, soda) <input type="checkbox"/> Other _____	

Name: _____ My solution for reducing food waste at school. I will
