FFVP "Teacher Feature" Form

Students want to know...
What are our teachers'
FAVORITE fruits and veggies?

Date: _____

Grade: _____

Teacher: _____

What is your favorite FRUIT? _____

_____

What is your favorite VEGETABLE? _____

_____

WISH LIST

Fruit(s) or Vegetable(s) you would LOVE to see as an FFVP snack:

_____

_____

☐ I permit my responses to be shared with FFVP announcements/media.

Signature: _____

Return to School FFVP Coordinator
or Food Service Point of Contact