Food/ drink	GO	SLOW	WHOA	REFLECTION/ ANALYSIS
DAY 1:				
				Parent signature:
DAY 2:	**GO**	**SLOW**	**WHOA**	**REFLECTION/ ANALYSIS**
				Parent signature:
DAY 3:	**GO**	**SLOW**	**WHOA**	**REFLECTION/ ANALYSIS**
				Parent signature:

CONCLUSIONS – TYPED:

- What was the purpose of this activity?
- What are foods you eat that are in the "Go" category?
- What are food you eat that are in the "Whoa" category?
- What are 3 things you can do starting soon to IMPROVE your eating habits?

NUTRITION LOG **due: _____** **NAME**

_____ PER __

GO - SLOW- WHOA chart

CHART