Type of Meeting: Regularly scheduled

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1. Roll Call/Sign-in Sheet
2. Flag Salute and 4H Pledge
3. Icebreaker
   1. Introduce yourselves
   2. Project Rules – To be posted at each meeting as a reminder to all
4. Today’s Project(s) – Making Pumpkin Muffins and What’s on **MyPlate** (Nutrition)
   1. Pumpkins pumpkins everywhere – Making pumpkin muffins and test your knowledge activity
      1. Washing our hands and putting the ingredients together following the recipe
         1. Getting together in groups of three – pick your tasks
      2. Ingredients discussion – while muffins are baking
         1. What food groups do they belong to
      3. Test your pumpkin knowledge activity - If there isn’t enough meeting time then this can be done on your own.
         * + They grow on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
           + Are the flowers edible? Yes / No
           + Pumpkin colors can be: \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_
           + What type of vegetable is a pumpkin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
           + What are other types of squashes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
           + One-half cup of mashed pumpkin gives you more than your daily requirement of vitamin A. True / False
           + What other foods do we associate with Halloween? Are these foods “sometimes” or “everyday” foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. What’s on your plate discussion, activity and self-survey
     1. What is **MyPlate** and what are the food groups on it.
        1. Make half your plate veggies and fruits
        2. Add lean protein
        3. Include whole grains
        4. Don’t forget the dairy and high calcium foods
        5. Drink water instead of sugary drinks
        6. Balance the food you eat with daily exercise
        7. Eat these foods less often
           + Cut back on foods high in fat, added sugar, and salt. This includes cake, cookies, ice cream, candy, sweetened drinks, pizza, and fatty meats like sausage, bacon, and hot dogs. Eat these foods as occasional treats, not every day foods.
     2. **MyPlate** activity – If there isn’t enough meeting time then this can be done on your own.
        1. Write down everything you normally eat in one day, including all three meals and snacks.
        2. Draw the **MyPlate** graphic on three paper plates, or on three 8 x 10 sheets of paper, for each meal of the day.
        3. For each meal, draw, paste pictures, or write in the foods you ate in the matching food group on one plate. For example, if you had cereal for breakfast, record that in the grains section of one plate. Add the other foods that you ate for breakfast in the matching food group.
        4. On smaller plates or in the corner of your page, draw, paste pictures, or write in the dairy foods and snacks you ate.
     3. What’s on **MyPlate** Self-survey - If there isn’t enough meeting time then this can be done on your own.
        1. Was half of your plate vegetables and fruits for each meal? \_\_\_\_\_\_\_\_\_\_ If not, list some vegetables or fruits that you can add to each meal to make it balanced. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        2. Did you have lean protein at each meal or snack? \_\_\_\_\_\_\_\_\_\_ If not, what lean protein could you add or substitute for the protein that you ate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        3. What whole grains did you eat for meals or snacks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        4. Did you have three servings of milk or dairy foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Were they fat-free or low-fat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, what lower fat dairy product could you substitute? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        5. Did you have any sugar sweetened beverages, such as a soft drink or sports drink? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. What would be some healthier choices to replace the sweetened beverages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        6. Based on what you learned about healthy eating, how are you doing eating healthy, balanced meals and snacks?
           + Not so good
           + Better than I thought
           + Good, but I still have room for improvement
           + I made good food choices
        7. What are two changes you can make to eat a balanced, healthy diet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Cleanup
2. Leader Report
   1. Field Trips and Community Service Opportunities
   2. Upcoming events – County and State Fair
3. Hand out Project Report Form for next club meeting
4. Next Project and Club Meetings
   1. Next Project Meeting is November 15th from 3-5 pm at EGUMC
   2. Next Club Meeting is October 5th at 7 pm at Country Oaks Baptist Church
5. Reflection and Closing Remarks
6. Adjournment