Dear parent/guardian, school nurse and teacher,

I am working with this patient to improve their lifestyle. I appreciate your assistance in helping them reach the following goals. Please contact me with questions or concerns.

**Target Behaviors and Goals**

1. **Portion size**
   - Less than palm size of 1 food at a time
   - Other:

2. **Less junk food (high calorie, low nutrient food)**
   - Swap junk food snacks with vegetables and fruits
   - Limit access to junk food
   - Other:

3. **Balanced meals**
   - Each meal should include vegetables/fruit, protein, and whole grains
   - Eat meals at home or school, limit eating out to 2 times per week
   - Other:

4. **Being more active**
   - Being active for 60 minutes per day
   - Less than 2 hours of entertainment screen time
   - Other:

5. **5 vegetables and fruits per day**
   - Adding a vegetable or fruit to every meal
   - Adding a vegetable or fruit to every snack
   - Other:

6. **Low sugar beverages and food**
   - Drink only water and white milk. Do not offer flavored milk, juice, or other sugary beverage
   - Limit access to food with added sugar
   - Other:

Medical Provider Signature: ___________________________ Parent/Guardian Signature: ___________________________ Patient Signature: ___________________________

For additional information, see “Improving the Health of Kansas Students” toolkit