Food Bank U Activity Tracker

Student’s Information

Name: ____________________________________________________________

Phone Number: ___________________________ Email: ______________________

Street Address: ______________________________________________________

City: ___________________ State: _______ Zip Code: _______________________

School: _____________________________________________________________

Grade (check one): Pre-K □ K □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □

Today’s Activity

Activity Name: ______________________________________________________

Category: __________________________________________________________

Today’s Date: _______________________________________________________

Student’s Response

After completing the activity, please answer the following prompts:

I enjoyed this project because…

Something new I learned from this project was…

Student’s initials: ___________________________________________________

Parent/guardian/tutor’s initials: _______________________________________

Please send a digital copy of this completed form to cwilkie@okfoodbank.org