

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