



# Happy Mealtimes for Healthy Kids

## PRE-TEST

Please print clearly

<b>Date:</b>	<b>Name:</b> _____	<b>Provider #:</b> _____ <small>(if applicable)</small>
	<b>Center Name:</b> _____	<b>Center #:</b> _____ <small>(3 digits)</small>
	<b>Address:</b> _____	
	<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____

*Please fill out the test by hand.*

1. How long might a child need to try a new food before developing the acquired taste?
  - a. 20 to 30 times
  - b. 10 to 15 times
  - c. 2 to 3 times
  - d. 9 to 10 times
  
2. What are the four major types of food intolerance? (Circle all that apply)
 

a. Dairy	e. Yeast
b. Poultry	f. Fructose
c. Gluten	g. Iron
d. Fish	
  
3. It is okay to discuss a child's lack of appetite at mealtime.  
 TRUE or FALSE
  
4. Rushing children through their meals is okay to ensure each that child has the same amount of time playing.  
 TRUE or FALSE
  
5. Every teacher should be aware of a child's food allergy and its symptoms.  
 TRUE or FALSE
  
6. When implementing family style dining, you should always have child-friendly serving wares made specifically for kids.  
 TRUE or FALSE
  
7. Always be enthusiastic when explaining new activities to children to help make them excited.  
 TRUE or FALSE
  
8. It is okay for a snack to be just 15 minutes long.  
 TRUE or FALSE



# Happy Mealtimes for Healthy Kids

## PRE-TEST

---

9. Never force a child to eat during mealtime.

TRUE or FALSE

10. Gas, bloating, and abdominal pain are symptoms of food intolerance.

TRUE or FALSE

By signing and dating this form, you are agreeing that you have filled out this test to the best of your ability.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Do not write below this line*

---

---

\_\_\_\_\_  
DATE CREDIT IS ASSIGNED

\_\_\_\_\_  
PROGRAM REPRESENTATIVE

\_\_\_\_\_  
CREDIT HOURS