

# WEEKLY MEAL PLAN

ACTIVITY/TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING PREP							
BREAKFAST							
AM SNACK “Elevenses”							
LUNCH							
PM SNACK “Tea Time”							
DINNER PREP							
DINNER							
PM PREP							

Write the best time for you to start meals or meal preparation in the boxes on the furthest left hand column. It’s OK if they change during the week.

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