

Name: _____

Date: _____

Mindful Bites

What do you **SEE?** 

What do you **FEEL?** 

What food item are we trying today?

What do you **SMELL?** 

What do you **HEAR?** 

What do you **TASTE?** 

Question: How did our food items get here today? Who are some people who helped along the way?

Directions: In the space below, draw someone who helped get our food items in front of us today.

