

Home learning

PD: H&SC

Date: _____ Name: _____

What is your favourite food?

We would like you to talk to your child about the different food groups and the importance of having a balanced diet. Talk about foods you like and ones you dislike and why. Ask your child about their favourite food/ meal and share your favourite foods/ meal with them.



Here are some questions to ask your child:

- Can you name some healthy food? Unhealthy foods?
- Why do we need to eat healthy?
- How does drinking milk help our body?
- Why should we eat 5 fruit and vegetables a day?
- What meal is the most important?
- What happens if we eat too much food?



Dear Parents,

Please complete the following questions with your child about their favourite food and return the sheet to school.

1. What is your favourite meal? _____

Why? _____

2. What is your favourite pudding? _____

3. What is your favourite drink? _____

4. What is your favourite fruit? _____

5. What foods don't you like? _____

Why? _____

6. Did you enjoy this activity? *(Please circle)*

Yes No Why? _____

Parent comments:

Date: _____ Name: _____

Can you make an ice lolly?

We would like you to make an ice lolly with your family. All you need is an ice cube tray and some cocktail sticks or a lolly mould.



Here are some questions to ask your child:






- What equipment and ingredients do you need to make an ice lolly?
- What flavour will your ice lolly be?
- What are you going to put inside your ice lolly?
- What happens to the mixture when you put it in the freezer?
- How long does it take to freeze an ice lolly?
- What is your favourite ice lolly?
- Why do we eat ice lollies when we have a bad throat?



Dear Parents,

Please complete the following questions with your child about the ice lolly you made together and return the sheet to school.

1. What flavour ice lolly did you make? _____
2. Who did you make your ice lolly with? _____
3. What did your ice lolly taste like? _____
4. What is your favourite ice lolly? _____
5. Which of these ice lollies do you like? *(Please tick)*

Mini milk	Fab	Twister	Rocket	Tip top
				

6. Did you enjoy this activity? *(Please circle)*

Yes No Why? _____

Parent comments: