

Teacher Assessment Tool
 → **Sip Smart! BC™ Drink Diary**

Level 1 and Level 2

Name: _____

	Always (2 pts.)	Sometimes (1 pt.)	Never (0 pt.)
Checks off food intake			
Checks off drink intake			
States specific drink category			
Circles type of container			
Circles size of drinks			
States number of drinks			
Score	_____ / 12		



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