

Name - \_\_\_\_\_

Start time - \_\_\_ : \_\_\_

End time - \_\_\_ : \_\_\_

Put the following foods into the correct box.



Potato



Beans



Carrots



Beets



Cauliflower



Spinach



Celery



Broccoli



Tomatoes



Corn



Mushrooms



Peas

Roots

Flowers

Stems

Seeds

Leaves

a b c d e f g h i j k l m n o p q r s t u v w x y z