

My Shopping List

Write it before you go. Tick it off as you find it.

Name: _____

Date: _____

WHAT I NEED	HOW MUCH	GOT IT
1 _____	_____	☐
2 _____	_____	☐
3 _____	_____	☐
4 _____	_____	☐
5 _____	_____	☐
6 _____	_____	☐
7 _____	_____	☐
8 _____	_____	☐

The list is the plan

If it is not on the list, it does not go in the basket.

If something is not there, skip it or ask a worker.

