

**SLP12. Food and Meals****Pair #** _____**STOP:** Before you begin this activity, open and follow recording instructions [here](#).

Partner A: _____

Partner B: _____

Student ID: _____

Student ID: _____

Instructor: _____

Instructor: _____

Language: _____

Language: _____

Level: _____ Date: _____

Level: _____ Date: _____

Section I: Vocabulary Mastery

Instructions: Describe the sign of the following words and phrases using the 5 Parameters of ASL. Try to use your book and your partner before using other materials or the internet. Use the third column to help you remember the sign in your target language (ASL) by drawing a picture or writing a note to yourself.

Vocabulary	5 Parameters of ASL Description	Notes/Pictures/Sign Guide (anything to help you)
1. meal		
2. breakfast		
3. cereal		
4. jelly/jam		
5. butter		
6. lunch		
7. pasta/noodles/spaghetti		
8. rice		
9. soup		
10. meat		



Vocabulary	5 Parameters of ASL Description	Notes/Pictures/Sign Guide (anything to help you)
11. chicken		
12. fish		
13. eggs		
14. vegetable		
15. salad		
16. cheese		
17. fruit		
18. snack		
19. dinner		

Section 2: Eating Schedule

Instructions: Sebastian prepares his weekly meals Sunday nights so that he knows what he will eat during the week. Write the following questions using ASL syntax (word order). Take turns asking your partner the following questions.

Example: What does Sebastian eat for breakfast on Thursday? He eats cereal.

What does Sebastian have for dinner on Wednesdays? _____

When does Sebastian eat chicken? _____

What does Sebastian have for lunch on Monday? _____

When does he have toast? _____

Meal	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Jam and toast	Eggs and toast	Cereal	Cereal	Eggs and toast
Lunch	Ham sandwich	Spaghetti	Eggs and salad	Chicken and rice	Chicken and rice
Dinner	Beef, rice, broccoli	Chicken and potatoes	Fish and vegetables	Chicken soup	Beef and rice

**Section 3: Create Your Menu for the Day**

Instructions: Imagine that you could have anything you want to eat for today. Please complete the day's menu below using **ASL syntax (word order)**.

Partner A:

Meal	Food	Time
Breakfast	_____	_____
Snack	_____	_____
Lunch	_____	_____
Snack	_____	_____
Dinner	_____	_____

Partner B:

Meal	Food	Time
Breakfast	_____	_____
Snack	_____	_____
Lunch	_____	_____
Snack	_____	_____
Dinner	_____	_____

**Section 4: Creating a Dialogue**

Instructions: Using your work in Section 3, you and your partner will ask each other what you eat at each meal and the time of the meal. Use the space below to help you create the dialogue. You do not have to share all of your meals. Write your conversation here. Attach another piece of paper if you need more space. You will record this dialogue in the next section. Ask for help when necessary.

Signer 1:

Signer 2:

Signer 1:

Signer 2:

Signer 1:

Signer 2:

Signer 1:

Signer 2: