

## HOME COOKING PROJECT \*\*

NAME \_\_\_\_\_ PERIOD \_\_\_\_\_ DATE HANDED IN \_\_\_\_\_

FOOD PREPARED: \_\_\_\_\_

**STUDENT ANSWER:** (Yes or No)

- \_\_\_ 1. Did you assemble all ingredients first?
- \_\_\_ 2. Did you clean up the kitchen after preparing the food?
- \_\_\_ 3. Was the final result satisfactory?

**PARENT'S ANSWER:** (Yes or No)

- \_\_\_ 1. Was the product satisfactorily prepared?
- \_\_\_ 2. Has your student improved clean up and general food preparation habits?
- \_\_\_ 3. Your comments regarding this project:

\_\_\_\_\_  
Parent's Signature

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