Name: _____ Date: _____ Period: _____

Foods Lab Make-up

Name of Lab: _____

Name of Recipe: _____ **Source:** _____

Directions: Since your absence prevented you from experiencing the concepts associated with a foods lab, you must prepare a recipe at home under your parent's/guardian's supervision in order to receive full lab credit.

Dear Parent/guardian: Please evaluate your child's make-up lab on the following criteria using the scale given below. Please circle the appropriate rating number and sign below. Your comments are optional, but welcome.

CRITERIA	EXCELLENT	SATISFACTORY	NEEDS IMPROVEMENT	UNACCEPTABLE
Planning: aware of all tasks required to complete food item	3	2	1	0
Preparation of food: used safe and sanitary procedure; used correct tools and preparation techniques	3	2	1	0
Food Product: Taste, aroma and appearance was appealing.	3	2	1	0
Service: Table properly set, use of proper serving utensils	3	2	1	0
Clean-up: Kitchen and equipment was clean and stored in proper place	3	2	1	0

_____/15 points- **Make up lab overall rating**

_____/1 points – **Parent's signature and comments**

_____/3 points – **Recipe copied on back of paper or stapled to paper**

_____/1 points - **Student's reflection**

_____/20 points – **TOTAL SCORE**

STUDENT REFLECTION: In complete sentences, review your cooking experience and list 3 specific reflections below.

1.

2.

3.

PARENT SIGNATURE: _____

Parent Comments:

_____

_____

_____