



Family Meal Project – STUDENT Evaluation

Fill out one of these for each recipe (Preferably typed.) You will turn in a minimum of 3 of this form per meal.

Your Name: _____

Class Period: _____

Name of Recipe: _____

Source of Recipe: _____ **ATTACH RECIPE ON A SEPARATE PAPER*

Time it took to prepare dish from start to finish: _____

Evaluation of work and finished recipe:

☉ Describe the skills or knowledge from class you used in preparing this recipe:

☉ Describe the most difficult part of preparation of this recipe:

☉ Describe at least one new thing you learned from preparing this recipe:

☉ Describe the changes you would make to improve your productivity when preparing this recipe:

☉ Would you make this recipe again? Explain why or why not:

***Include a photo of your completed recipe or dish on this form or on a separate page**