

FOODS - HOME PRODUCT EVALUATION FORM

NAME OF COOK: _____

MODULE NAME: _____

RECIPE(S): _____

**If this was prepared at home in order to replace a lab, which was not completed at school due to illness, etc., a parent/guardian must call the school to verify the completion of the product.

	LOW				HIGH
STUDENT EVALUATION:	1	2	3	4	5

A. Was the product successful? Explain:

B. If no, do you know what went wrong?

	LOW				HIGH
PARENT/GUARDIAN EVALUATION:	1	2	3	4	5

A. What did you think of the quality of the product?

B. Were the student's work habits organized?

C. How would you rate the student's clean-up?

D. Comments: (feel free to use back of sheet).

DATE PRODUCT PREPARED: _____

PARENT/ GUARDIAN SIGNATURE: _____