FOODS – HOME PRODUCT EVALUATION FORM

(For making up MISSED LABS and for BONUS MARKS for cooking from scratch at home-includes meals or baking.)

NAME OF COOK:_____

NAME OF RECIPE:_____

MODULE NAME: (if applicable)_____

STUDENT EVALUATION: LOW HIGH
1 2 3 4 5

A. Was the product successful? Explain:

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

PARENT/GUARDIAN EVALUATION: LOW HIGH
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 the back of the sheet).

DATE PRODUCT PREPARED:_____

PARENT/GUARDIAN SIGNATURE:_____