

Lab Makeup Form

Name: _____ Recipe Title: _____

Date of Lab: _____ Date Turned In: _____

Student Evaluation

1. What ingredients needed to be purchased? (not an item you already had at home.)
2. Did you find the recipe easy to follow? (yes or no) Did you need to make any adjustments or substitutions to the recipe? (yes or no) If yes, please explain.
3. What do you feel you did well making this recipe?
4. What specific technique or preparation method did you learn from this experience?
5. Were you able to complete the recipe independently?
6. Did you leave the kitchen clean and orderly?

Parent Evaluation

1. Describe the following:

a. Appearance:

b. Texture:

c. Flavor

2. What problems, if any, did your child have completing this recipe?

3. Was the kitchen left clean and orderly?

4. Additional comments:

Parent Signature: _____

A small but ample size sample is required to receive credit!