

Home Cooking Project

Foods Exploration & Foods One

Name _____

Period _____ Term _____ Date _____

Directions: Choose a recipe that you would like to try and make the food at home. Fill out the form, have a parent/guardian sign the form, and turn it in. You do not need to provide a sample!

What are you making: _____

The results _____

(great, yummy, burnt, terrible, fantastic, etc.)

Parent: Did your child clean the kitchen after making the recipe?

Yes No (They get points for a clean kitchen!)

Parent or Guardian Signature

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