

Lab Make-Up Form

Foods Exploration & Foods One

Name _____

Period _____ Term _____ Date _____

Directions: Take the recipe you need to make up home and make the dish. Fill out the form, have a parent/guardian sign the form, and turn it in with a small sample of the finished product.

Lab you are making up: _____

The results _____

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

Would you make this recipe again? Yes No

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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