## MAKE UP EVALUATION FORM

Name:	Date	CI	lass	
Date of lab missed:				
Name of food prepared:	Da	ate due	<del></del>	
Name of supervising parent/gua	rdian.		signature	
When a student is absent on the excused, the student has the op			absence is	
Evaluation: (to be completed I areas when evaluating the stude column or the "No" column. Ther Student needs to take a pictur	ent's performance. re are 2 points for (	Check eithe each "Yes" fo	r the "Yes" or a total of	
Did he or she?			<u>YES</u>	<u>NO</u>
1. Pull hair back, if necessary?		is short)		
2. Washed hands before startin		1.0		
3. Read the recipe carefully before start		K?	<del></del>	
<ol> <li>All ingredients out before star</li> <li>All tools out before starting to</li> </ol>				
<ol> <li>All tools out before starting to</li> <li>Used correct measuring tech</li> </ol>				
7. Followed the recipe carefully				
8. Kept the kitchen clean?				
<ol> <li>Had dish water ready early, c</li> </ol>	clean as he/she wo	rked		
<ol><li>Changed dishwater if necess</li></ol>				
<ol><li>Cleaned countertop and stov</li></ol>		loor?		
12. Cleaned out sink with cleanse		_		
13. Left the kitchen with all tools		e?		
14. Stayed on task until complete		- atu O	<del></del>	
15.Produced a product that look	ed like it should? I	asty?		
.Score/30				
Student answers the following What would you do differently no Explain:	ext time to improve		of your work	⟨?
Supervision and evaluation by:	Day	y time phone		
Please state your relationship to	the student:		<del></del>	
Thank vou so muchAnv que	estions please call	Mrs Kindrac	huk or Mrs	_

Thank you so much-----Any questions please call Mrs. Kindrachuk or Mrs. Venkatapathy at: 303-387-1090