Recipe Cooked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As you make a dish, take a picture of you making the dish, and also of the plated finished product. Fill out this form, and attach both pictures and submit (best option) or send to my email address - schroederj2@leonschools.net. Bon Appetit!

1. What was your active time for this dish?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What did you find challenging when making this dish? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What skills were you confident in when making this dish? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Did you serve this to your family? \_\_\_\_\_\_\_\_\_\_\_\_\_ What did they think of what you had created?
5. Will this be a recipe that you keep to make again? \_\_\_\_\_\_\_\_\_\_ What about it did you like and is there something that you would change?