

Food Lab- Student Evaluation

Total Points _____/50

Your Name _____

Class Period _____

Your Kitchen # _____

Date(s) of Lab _____

Food you made: _____

Names in Kitchen Group:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

1. What did **YOU** do during the lab? (Pre-lab work, set up, cooking, clean up?) **BE SPECIFIC!** (4)

- a. _____
- b. _____
- c. _____
- d. _____

2. What went good during the lab? (Fill out for each letter) **BE SPECIFIC** (3)

- a. _____
- b. _____
- c. _____

3. What did **not** go so well during the lab? (Fill out for each letter) **BE SPECIFIC** (3)

- a. _____
- b. _____
- c. _____

4. Evaluation of the food product (aroma, flavor, appearance, texture)- **use at least 2 descriptive words per sensory area.** You may use the Vocabulary for Sensory Evaluation Sheet to help you. **DO NOT USE GOOD, GREAT, OR AWESOME, OK. BE SPECIFIC!!** (8)

Aroma: a. _____
b. _____

Flavor: a. _____
b. _____

Appearance: a. _____
b. _____

Texture: a. _____
b. _____

5. For **letters a and b below:** Describe what you thought of the **finished product**- remember to stay positive. **Letter c:** Explain **why** you did like or did not like **finished product.** (3)

- a. _____
- b. _____
- c. _____