

Attachment D - Lesson Feedback Worksheets for Students

ID#

LOCATION

RECIPE

How much did you learn from this activity?
(MARK ONLY ONE)

I learned A LOT!
I learned a little
I didn't

What did you like MOST about this activity?

What did you like LEAST about this activity?

Was there anything confusing in the video or cooking lessons?

Yes
No

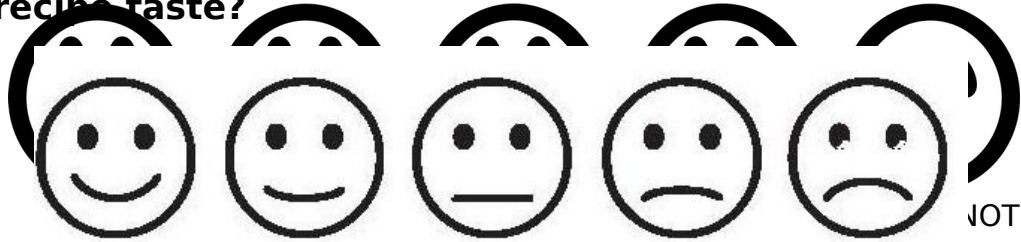
If you said YES - Please tell us what words were confusing or did not make sense to you.

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How fun was this recipe to make?

How did this recipe taste?

(MARK ONLY ONE)



NOT Fun!

Very Good Good Sort of Bad Bad Very Bad

Would you want to make this recipe again?



Yes
No

Would you tell a friend to try this recipe?



Yes No

Would you make this recipe at home?



Yes No

Was it EASY or HARD for you to make this recipe?



Easy Hard

When you finished the recipe, how did it taste?

(MARK ONLY ONE)

Loved it Liked it It was OK Didn't like it

What was your FAVORITE ingredient in this recipe?

What was your LEAST FAVORITE ingredient in this recipe?

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