

### 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 learn anything

**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

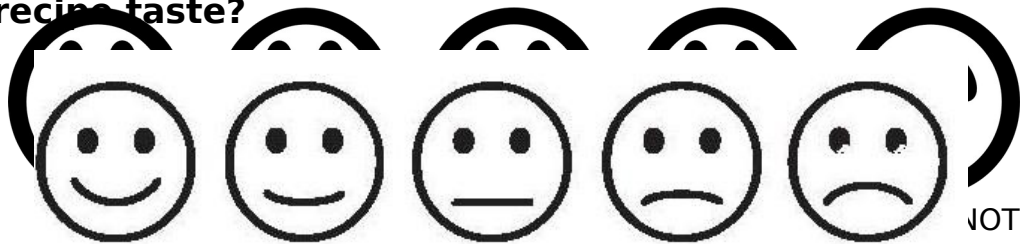
**If you said YES - Please tell us what words were confusing or did not make sense to you.**

1

**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?**

**OMB BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.