



Please print clearly

Date:	Name: _____	Provider #: _____ <small>(if applicable)</small>
	Center Name: _____	Center #: _____ <small>(3 digits)</small>
	Address: _____	
	City: _____	State: _____ Zip: _____

Please fill out the test by hand.

1. What was the name of the activity you completed with your children?

2. What food item did you and the children actually prepare?

3. Which of the SIX BASIC NUTRIENTS does this food represent?

4. Give the data on which your menu plans show this food item being used on our food program.

5. What other foods did you serve to balance the snack or meal service?

6. How would you characterize the children's response to the activity?

(IE: Were they excited? What questions did they ask? How did they react? Was it fun? Etc.)



7. How involved were the children in the actual food preparation? What did they do?

8. Do you feel that their involvement level has an influence on whether or not they enjoyed the experience?

YES or NO

Please explain your answer:

9. What nutritional concept did you discuss with the children?

10. What comments did the children make concerning the activity they completed, the food they prepared and ate, or the nutrition concepts you discussed?

11. What do you think the children learned from this experience? *(Please be specific)*

By signing and dating this form, you are agreeing that you have filled out this test to the best of your ability.

Signature

Date

Do not write below this line

DATE CREDIT IS ASSIGNED

PROGRAM REPRESENTATIVE

CREDIT HOURS