

Year 2 Record Sheet

1. What did you learn about food safety from this project? _____

2. What are some things to keep in mind when you go to the grocery store to buy food?

3. Did you give an interactive demonstration? ☐ No ☐ Yes Title _____
4. List the foods you prepared or preserved this year, and how many times you prepared or preserved them.

Food Prepared	Number of Times

Food Preserved	Number of Times

5. Write the number of times you did these other things:

Activity	Number of Times
Set table	
Cleaned up kitchen	
Collected recipes	
Helped serve family meals	
Shopped for groceries	
Put away groceries	

I have reviewed this record and made comments about the individual's progress and project completion.

Signature of Project Helper _____ Date _____