

**Microwave Fruit Crisp**  
Score Sheet

Name – Entry No. \_\_\_\_\_ Placing \_\_\_\_\_

All questions completed	Some questions completed	Did not complete
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**Project Manual Activities**

*(Must complete a minimum of three (3) activities, each from a different "bite" category.)*

1. Tricks of the trade		
2. Once you swallow		
3. Kitchen magic		
4. Magnificent meals		
Record Sheet Year C-1		

Excellent	Good	Needs to Improve
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**Outside Characteristics**

Eye appeal/color		
Appropriate topping		
Topping is cooked		

**Inside Characteristics**

Fruit is cooked		
Neither soggy nor too dry		

**Flavor**

Well blended flavors		
No off flavors		

**Recipe Card**

Clear, legible, and complete		
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