

Microwave Magic Level D Year 3 Record Sheet

Name _____ Grade _____ Year _____

Name of Club _____ Year in Club Work _____

County _____ Township _____

1. List four safety tips you practiced while completing your project.

2. What did you learn about making jam or jelly in the microwave?

3. As a result of the activities you completed this year, what will you do differently?

4. Did you give a demonstration on your microwave project? _____ Yes _____ No

Name of demonstration _____

5. List the foods you prepared in the microwave this year.

Food Prepared	Number of times prepared	Amount prepared	Total cooking time

6. Write in the number of times you completed these activities.

Activity	Number of Times
Planned special occasion	
Shopped for groceries	
Put away groceries	
Set table	
Helped serve family meals	
Planned and cooked entire meal	
Kitchen cleanup	

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

Signature of Project Helper _____ Date _____