

Microwave Magic Level D Year 1 Record Sheet

Name _____ Grade _____ Year _____

Name of Club _____ Year in Club Work _____

County _____ Township _____

1. What was the most surprising thing you learned about yourself while completing this project?

2. What did you learn about selecting healthy foods to include in meals?

3. What did you learn about cooking entire meals in the microwave?

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
Collected recipes	
Tried new recipes	
Helped serve family meals	
Planned and cooked entire meals	
Kitchen cleanup	
Taught a sister, brother, or someone younger to cook in the microwave	
Helped younger 4-H'ers with activities in their microwave manual	

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

Signature of Project Helper _____ Date _____