

# Microwave Magic Level B Year 1 Record Sheet

Name \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Name of Club \_\_\_\_\_ Year in Club Work \_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_

1. List three new things you learned using the microwave.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Why is it important to arrange the food you are cooking in the microwave?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. List three safety tips you practiced while completing your project.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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
Set table	
Helped serve family meals	
Collected recipes	
Tried new recipes	
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 \_\_\_\_\_