



Module CHECKLIST

1

N U T R I T I O N

Please fill in this checklist as you complete each lesson and its corresponding teacher evaluation form.

Bell Pepper



Food Detectives

Lesson completed _____ / ____ / ____ date

Teacher evaluation _____ / ____ / ____ date

Taste Testers

Lesson completed _____ / ____ / ____ date

Teacher evaluation _____ / ____ / ____ date

Let's Get Cooking!

Lesson completed _____ / ____ / ____ date

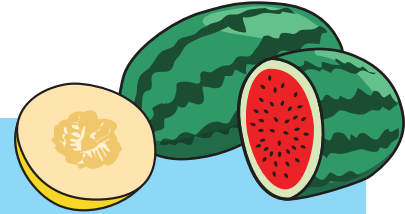
Teacher evaluation _____ / ____ / ____ date

Let's Get Cooking!

Lesson completed _____ / ____ / ____ date

Teacher evaluation _____ / ____ / ____ date

Melon



Food Detectives

Lesson completed _____ / ____ / ____ date

Teacher evaluation _____ / ____ / ____ date

Taste Testers

Lesson completed _____ / ____ / ____ date

Teacher evaluation _____ / ____ / ____ date

Let's Get Cooking!

Lesson completed _____ / ____ / ____ date

Teacher evaluation _____ / ____ / ____ date

Let's Get Cooking!

Lesson completed _____ / ____ / ____ date

Teacher evaluation _____ / ____ / ____ date

