

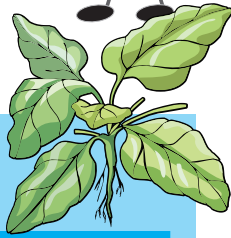


Module **CHECKLIST** 4

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.

Spinach



Food Detectives

Lesson completed _____ / _____ / _____ date

Teacher evaluation _____ / _____ / _____ date

Taste Testers

Lesson completed _____ / _____ / _____ date

Teacher evaluation _____ / _____ / _____ date

Let's Get Cooking!

Lesson completed _____ / _____ / _____ date

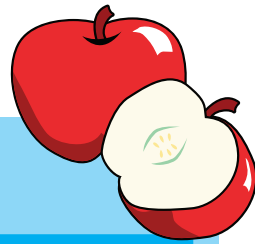
Teacher evaluation _____ / _____ / _____ date

Let's Get Cooking!

Lesson completed _____ / _____ / _____ date

Teacher evaluation _____ / _____ / _____ date

Apple



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