

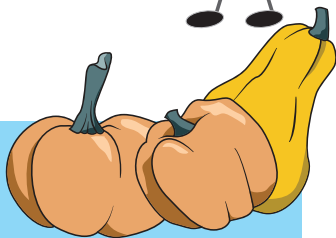


Module CHECKLIST 5

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.

Squash



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

Peach



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