Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_ Class Hour\_\_\_\_\_\_\_\_\_\_\_

Foods Lab Planning Form

People in Group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Ingredients Equipment

|  |  |
| --- | --- |
|  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Turn in a list of groceries which need to be purchased. Be sure to list the amount needed. Be sure to label the foods in the pantry you are going to use.**

**Task To Be Done**: **Time:** **Name**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Task To Be Done:** | **Time:** | **Name:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

ATTACH RECIPE TO LAB PLAN

LAB PLAN AND RECIPE MUST BE TURNED IN FOR A GRADE PRIOR TO THE LAB OR YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE LAB

YOU MUST HAVE THE LAB PLAN WITH YOU IN CLASS ***THE DAY PRIOR*** TO YOUR LAB SO YOU CAN GET SUPPLIES AND EQUIPMENT READY ***NO LAB PLAN…NO LAB***