

HEAD START FOOD EXPERIENCE

Please remember that new food experiences will need to be submitted for pre-approval PRIOR to completing the activity.

Date ____ _ Center_ _____ Food Experience Name:

Person leading experience ____ _____ Length of time:

Description: Reason for choosing project, in terms of children learning (behavioral goals):

This food experience allows children to learn by participating in:

tasting dipping/portioning pouring cutting
mixing measuring cooking
other (describe)

What other classroom activity/activities related or added to this experience?

math music art film
books field trip other (describe)

Supplies needed:

Procedure step-by-step:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Possible enhancements to this Activity:

Evaluation:

Would you do this experience again? _____

How would you improve this experience in the future?

Did the children meet the learning objectives? Why or why not?