

Leaving Certificate Applied Cookery Evaluation Sheet



Date: _____

Name: _____

Name of dish / dishes prepared in class: _____

My Evaluation:

Colour:

- _____
- _____
- _____

Taste:

- _____
- _____
- _____

Texture:

- _____
- _____

Appearance:

- _____
- _____

Nutritional Value:

- _____
- _____
- _____

One change I would make if I was cooking the dish again:

- _____