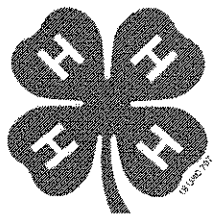


4-H Year: _____



Cloverbuds in the Kitchen

Clay County Cloverbud Cooking Project

NAME: _____ AGE: _____

CLUB: _____

ADDRESS: _____

EMAIL: _____

PARENT SIGNATURE: _____

LEADER SIGNATURE: _____

YOU and YOUR Cooking PROJECT

What were your goals for this project:

1. _____

2. _____

Grocery stores or places you visited to see cooking utensils:

1. _____

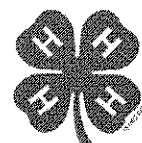
2. _____

3. _____

What did you do in this project: (circle)

Looked at different kinds of cooking utensils
Purchased cooking equipment
Learned to measure different ingredients
Talked to others about cooking
Learned to identify cooking utensils

Practiced in the kitchen
Learned sanitation in the kitchen
Cooked something simple
Had fun



What are your favorite foods?

What have you cooked so far?



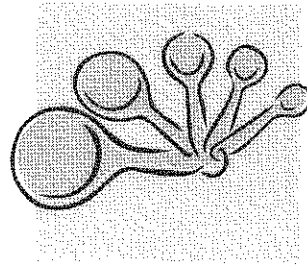
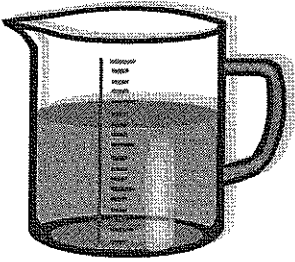
Name of person who helped you cook:

Contact Information for this person:

Two things you learned from this person:

Identify the Equipment

Draw a line from the word to the correct picture.

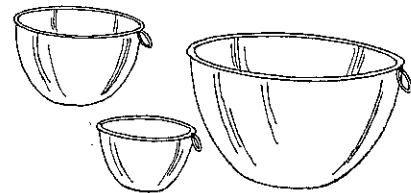
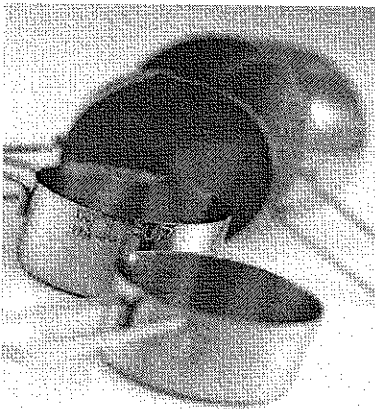


Measuring Spoons

Dry Measuring Cups

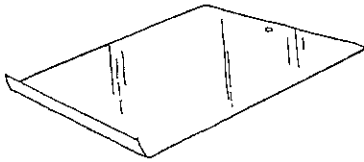
Liquid Measuring Cup

Mixing Bowls



Identify the Equipment

Draw a line from the word to the correct picture.



Muffin Pan

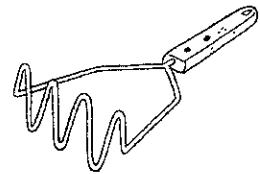
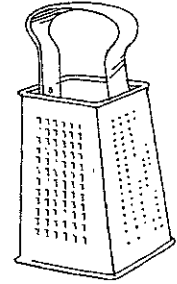
Baking Sheet

Grater

Wooden Spoons

Rolling Pin

Potato Masher



Match the Cooking Terms

Draw a line from the word to what it means.

chop

teaspoon

grate

cook in liquid with bubbles

mix

tablespoon

bake

minute

boil

cup

fry

rub food on a grater to get small pieces

tsp.

cook in the oven

tbsp.

cook in hot fat

c.

stir 2 or more ingredients together

min.

cut with a knife into small pieces

PICTURES of YOU and YOUR Cooking PROJECT

Captions are a must



Did you learn how to measure during this project? Yes No

Did you learn about measuring utensils during this project? Yes No

If so, name two types: _____

Did you learn about cooking equipment during this project? Yes No

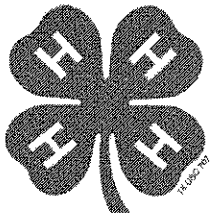
If so, name two items and tell what they do: _____

Did you learn about sanitation or safety during this project? Yes No

If so, name two safety practices: _____

YOUR Story—Full of Ideas... (you can add pages if needed)





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