| **Assessment** |
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| **Date:** | **Student Name:** |
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| **Lesson:** |
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| Kitchen Safety |
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| **Tasks Observed:** |
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| Hot/Cold  Use of potholders/mitts  Water/Electricity  Sharp |
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| **Kitchen Safety:** |
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| **Task Steps** | **Performance**  **0 = no attempt**  **1 = student attempted but needed assistance**  **2 = student completed independently** | **Comments** |
| --- | --- | --- |
| Identifies what is hot |  |  |
| Identify things that are sharp |  |  |
| Demonstrates how to handle sharp objects |  |  |
| Demonstrates how to handle hot items |  |  |
| Identifies dangerous kitchen situations |  |  |
| Total # of points |  |  |

| **Observer Name:** |
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