Cooking Skills Observation Sheet

Session Number ……………………………………………………………………………………Group Name………………………………………………………………………………………………….

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Hygiene &safety score | Food prep skills score | Follow a recipe | Cooking methods | Final dish/dishes | Tasting | Comments |
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| Scoring/Rating | Hygiene & safety | Food prep Skills | Follow a recipe | Cooking methods | Final dish/ dishes | Tasting | Comments- Anything of interest not already captured |
| 1 | Requires prompting every time | No basic skills/ avoids | Unable to follow recipe (needs help) | No Understanding | Did not produce dish | Did not taste dish |  |
| 2 | Some prompting required | Some skills/some avoidance | Follows recipe but not in order/needs help with some aspects | Limited understanding | Some elements completed/edible | Small amount taken |  |
| 3 | Independent | Competent | Competent | Fully Understands | Fully completed dish | Finished Dish  |  |

Fife Health & Social Care Partnership