

Name: _____ Period: _____ Kitchen Group#: _____

Business Evaluation

Rate your experience from 1 (lowest) to 5 (highest):

1. Customers enjoyed this food product.

1 2 3 4 5

2. This food product was prepared well and was of good quality.

1 2 3 4 5

3. Customer needs were satisfied.

1 2 3 4 5

4. Employees worked well with customers and demonstrated excellent customer service.

1 2 3 4 5

Personal Evaluation

Rate your OWN effort from 1 (lowest) to 5 (highest):

1. I worked well with my group.

1 2 3 4 5

2. I was respectful to my group members, teachers and guests.

1 2 3 4 5

3. I was able to contribute to my group and help where needed.

1 2 3 4 5

4. I was here, working and helping every day (not absent).

1 2 3 4 5

5. I left the kitchen clean and organized.

1 2 3 4 5

Peer Evaluation

List and rate each of your GROUP members based on the personal evaluation criteria above from 1 (lowest) to 5 (highest):

1. Group Member: _____

1 2 3 4 5

2. Group Member: _____

1 2 3 4 5

3. Group Member: _____

1 2 3 4 5

4. Group Member: _____

1 2 3 4 5

5. Group Member: _____

1 2 3 4 5