



Intermediate Foods Record Book

Name: _____

Club Name: _____ Leader: _____

Year in 4-H: _____ Year in this project: _____

Project Goals

List four goals of what you would like to accomplish and/or learn in the Foods project this year:

1. _____
2. _____
3. _____
4. _____

Project Story

Write a brief story about your Foods project. Tell about the items you made, the things you did, experienced or learned in completing your Foods project this year. Include results, difficulties, challenges or awards. How will you use the skills learned again?

Foods Citizenship/Community Service Projects

List community service projects you participated in that relate to your Foods project.

(Examples: cookies for nursing home, cookies for Santa's Helpers etc.)

Project and for whom:	Date	Hours	Location

Project Income

If you made any items you sold, please complete this section.

Item Sold	Sold to Whom	Date Sold	Money Received

Learning Activities

What activities helped you learn the skills for this project? (Project meetings, workshops, classes, demonstrations/presentations, contests, etc.)

Photos of Recipe

Copy of Recipe

Recipe Reflection Section

Fill out the information about a recipe you made this year. On the opposite page place a photo of your completed recipe and the recipe card. Complete 2 Recipe Reflections. Add pages as needed.

Product Cost

Ingredient	Cost

Total Cost of Ingredients: \$ _____

Supplies other than baking equipment	Cost
<i>Ex: Cupcake papers</i>	\$1.29

Total Cost of supplies: \$ _____

If I had purchased this, it would have cost

\$ _____

Check the correct statement:

- I saved \$ _____ by making this myself.
- I did not save money.

Looking Back

I enjoyed this project because: _____

New skills I learned are: _____

Were the ingredients readily available? Yes / No

If not, which ones were hard to find? _____

Were the directions easy to follow? Yes / No

How did it taste (circle one)?

Terrible Fair Good Excellent

Did you use this recipe for foods judging? Yes / No

If yes, what was your ribbon? _____

Would you make this recipe again? Yes / No

Photos of Recipe

Copy of Recipe

Equipment Inventory

Place a check mark next to the items you used during the year to complete your foods project.

- | | | |
|--|--|---|
| <input type="checkbox"/> Dry Measuring Cups
<input type="checkbox"/> Liquid Measuring Cups
<input type="checkbox"/> Measuring Spoons
<input type="checkbox"/> Ruler
<input type="checkbox"/> Thermometer
<input type="checkbox"/> Timer
<input type="checkbox"/> Bowls
<input type="checkbox"/> Cutting Board
<input type="checkbox"/> Knives
<input type="checkbox"/> Can Opener
<input type="checkbox"/> Bottle Opener
<input type="checkbox"/> Funnel
<input type="checkbox"/> Grater
<input type="checkbox"/> Colander
<input type="checkbox"/> Strainer
<input type="checkbox"/> Juicer
<input type="checkbox"/> Pots
<input type="checkbox"/> Skillets
<input type="checkbox"/> Pans
<input type="checkbox"/> Rubber Spatulas
<input type="checkbox"/> Metal Utensils
<input type="checkbox"/> Tongs
<input type="checkbox"/> Whisk
<input type="checkbox"/> Basting brush
<input type="checkbox"/> Pastry brush | <input type="checkbox"/> Rolling pin
<input type="checkbox"/> Sifter
<input type="checkbox"/> Cake pans
<input type="checkbox"/> Loaf pans
<input type="checkbox"/> Cookie sheets
<input type="checkbox"/> Jelly-roll pan
<input type="checkbox"/> Muffin tins
<input type="checkbox"/> Pie Pan/Plate
<input type="checkbox"/> Spring form pan
<input type="checkbox"/> Angel food cake pan
<input type="checkbox"/> Cooling Racks
<input type="checkbox"/> Electric Mixer
<input type="checkbox"/> Food Processor
<input type="checkbox"/> Blender
<input type="checkbox"/> Toaster
<input type="checkbox"/> Griddle
<input type="checkbox"/> Electric skillet
<input type="checkbox"/> Waffle Iron
<input type="checkbox"/> Crock-pot
<input type="checkbox"/> Dish Towels
<input type="checkbox"/> Pot Holders
<input type="checkbox"/> Oven Mitt
<input type="checkbox"/> Plastic containers
<input type="checkbox"/> Aluminum foil
<input type="checkbox"/> Plastic wrap
<input type="checkbox"/> Plastic bags | <input type="checkbox"/> Wax paper
<input type="checkbox"/> Parchment
<input type="checkbox"/> Paper towels
<input type="checkbox"/> Dish detergent
<input type="checkbox"/> Trash bags
<input type="checkbox"/> Apron
<input type="checkbox"/> Hair ties
<input type="checkbox"/> Oven
<input type="checkbox"/> Convection Oven
<input type="checkbox"/> Microwave Oven
<input type="checkbox"/> Toaster Oven
<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Refrigerator
<input type="checkbox"/> Freezer

Other Equipment Used
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|--|--|---|

What new tool did you use this year? _____

What did you make with it? _____

What new skill did you learn using the new equipment? _____

If you had to replace three pieces of equipment, how much would it cost?

1. _____ :
\$ _____

3. _____ :
\$ _____

2. _____ :
\$ _____

Photographs of Your 4-H Project

A minimum of four pictures with a descriptive caption for each picture is required. Additional photos can be added. Pictures must be project specific.

