

Make & Taste Evaluation

Complete before session 1, the last session and 1 month later



Name of child or parent	
1 st Date:	final session date

Circle where you are on the scale	
1 = not sure	10 = very sure

Now how often do you prepare food or cook with your child at home?



1	How sure or confident are you about what food to make with your child	
2	How sure or confident are you that your child will enjoy making food with you	
3	How sure or confident are you that your child will eat or taste the food that made	
4	How sure or confident are you in what other things children can learn through making food Eg early reading skills numbers. Colours	
6	What kind of activity do you and your child enjoy doing most at home? No Yes (What are they?) _____	
7	Do you attend any other groups? (Food related, educational, social or volunteering) No Yes (What are they?) _____	

	After sessions
	What have you continued to do at home or have done more of.
	Have you seen improvements in what kind of things your child can do, or will now eat or child learning as a result of being involved in Make & Taste sessions.