

# Culinary School Module Assessment Form

## Student Information

Student Name

Student ID

Module Name

Assessment Date

## Assessment Criteria

Criteria	Score	Comments
Preparation & Mise en Place	<input type="text"/>	<input type="text"/>
Cooking Technique	<input type="text"/>	<input type="text"/>
Presentation & Plating	<input type="text"/>	<input type="text"/>
Taste & Seasoning	<input type="text"/>	<input type="text"/>
Hygiene & Safety	<input type="text"/>	<input type="text"/>

## Overall Comments

## Assessor Information

Assessor Name

Signature

