



# Assessment Sheet

Name		
Date	Place	Time
Name of cake		

	<b>PASS</b>	<b>FAIL</b>
Texture	<input type="checkbox"/>	<input type="checkbox"/>
Flavour	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Presentation	<input type="checkbox"/>	<input type="checkbox"/>
Taste	<input type="checkbox"/>	<input type="checkbox"/>
Skill involved	<input type="checkbox"/>	<input type="checkbox"/>
Use of ingredients	<input type="checkbox"/>	<input type="checkbox"/>

Signed .....

Date .....



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Name		
Date	Place	Time

Name of cake	Texture		Flavour		Appearance		Presentation		Taste		Skill involved		Use of ingredients	
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail

Signed.....

Date.....