**PANCAKE EVALUATION SHEET**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period:\_\_\_\_\_\_ Score:\_\_\_\_\_/10**

**Directions:** Retrieve one pancake from each kitchen. Evaluate each pancake by filling out the chart below. When rating the overall appearance and taste of each pancake, use a scale from 1-10; 1 being the worst and 10 being the best.

|  |  |  |  |
| --- | --- | --- | --- |
| **Missing****Ingredient** | **Purpose of Ingredient** | **Overall Appearance** | **Overall** **Taste** |
| Kitchen 1:Sugar |  |  |  |
| Kitchen 2:Salt |  |  |  |
| Kitchen 3:Baking Powder and Baking Soda |  |  |  |
| Kitchen 4:NoneRegular Pancakes |  |  |  |

**Answer the following questions:**

1. What missing ingredients ruined the pancakes?
2. Why did the missing ingredients ruin the pancakes?

1. Could you leave out any ingredient and still have a good pancake? Explain.