**MAKE-UP ASSIGNMENT FOR**

**TABLE SETTING AND ETIQUETTE LAB**

**Directions:**

At your next family dinner, I want you to practice the following:

1. Unfold your napkin and place it properly on your lap.
2. Make sure food is passed to the right around the table.
3. Do not begin eating until all have seated.
4. Eat part of your meal using the American style.
5. Eat the remaining part of your meal using the Continental style.
   1. American – Spear the food with a fork using the left hand with the forefinger pointing toward the prongs, or tines. Hold the knife by the handle in the right hand. The forefinger points toward the blade, but does not rest on the blade. Cut off one piece at a time. Never hold a knife, fork, or spoon in your fist. Shift the fork to the right hand, now hold the handle slightly between the index finger and the second finger, thumb on the front side of the handle. Bring food to your mouth.
   2. Continental – Use the left hand to spear the food and put the food in your mouth without changing hands.
6. Use proper posture (no elbows on the table and no slouching!).

**Evaluation:**

**Student Evaluation: (Yes or No)**

\_\_\_\_\_ 1. Did you unfold your napkin and pass the food properly?

\_\_\_\_\_ 2. Did you wait to begin eating until everyone was seated at the table?

3. How did you like eating American Style?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. How did you like eating Continental Style?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian Evaluation: (Yes or No)**

\_\_\_\_\_ 1. Was your child properly mannered at the dinner table?

\_\_\_\_\_ 2. Your comments regarding this project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian Signature (stating that your student participated in the above stated experience):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEACHER EVALUATION**

Completed Student Evaluation (10) \_\_\_\_\_

Completed Parent/Guardian Evaluation (including signature) (10) \_\_\_\_\_

Parent/Guardian Signature (30) \_\_\_\_\_\_

**TOTAL POINTS (50) \_\_\_\_\_**