

Community Kitchens
NORTHWEST

CK Food Consumption Record

Community Kitchen Location: _____
Community Kitchen Coordinator: _____

CK Evaluation Record

Community Kitchen Location: _____
Community Kitchen Coordinator: _____
Date: _____

<p>Pre-session Thoughts What do you hope to accomplish at this CK session? How will you accomplish this?</p>	
<p>Post-session Thoughts Describe your experience today.</p>	
<p>Did you accomplish the goals listed above? If Yes, How? If No, Why not?</p>	

CK Food Production, Consumption and Distribution Evaluation

Community Kitchen Location: _____

Community Kitchen Coordinator: _____

Date: _____

Food Production	
Describe your experience	
Is this activity acceptable, feasible, and sustainable? How so?	
Is there anything you would change for the next CK session? How would you change it?	
Food Consumption	
Describe your experience	
Is this activity acceptable, feasible, and sustainable? How so?	
Is there anything you would change for the next CK session? How would you change it?	
Food Distribution	
Describe your experience	
Is this activity acceptable, feasible, and sustainable? How so?	
Is there anything you would change for the next CK session? How would you change it?	

Community Kitchen Sign-In Sheet

Community Kitchen Location: _____

Community Kitchen Coordinator: _____

Date: _____

Time: _____

<u>Name</u>	<u>Number of Children participating with you today.</u>
<u>1.</u>	
<u>2.</u>	
<u>3.</u>	
<u>4.</u>	
<u>5.</u>	
<u>6.</u>	
<u>7.</u>	
<u>8.</u>	
<u>9.</u>	
<u>10.</u>	
<u>11.</u>	
<u>12.</u>	
<u>13.</u>	
<u>14.</u>	
<u>15.</u>	

Consent Form

_____, Community Kitchen Coordinator

Tel. _____

I _____ give my permission to use: (Please Check)

_____ any photos taken of me and/or my family for use in written or online publications concerning community kitchens.

_____ any videos taken of me and/or my family for use in written or online publications concerning community kitchens.

I understand that my participation is voluntary and that at any time, I may refuse to participate and am free to withdraw my consent without penalty or loss of benefits to which I am otherwise entitled.

Signature _____

_____ Date

Witness _____

_____ Date

Community Kitchen Recruitment Planning Sheet

Please, fill out the following information:

Name: _____

The Community Kitchen Series runs for 3 sessions. Each session occurs once a month on:

Date: _____

Date: _____

Date: _____

All from **(Time)** at **(Place)**.

Will you be able to join us and make all three sessions? Yes _____ No _____

If No, when can you join us? _____

Please answer the following questions to help us plan for your community kitchen.

Question	Answer
<u>How many people do you usually feed at a meal?</u>	
<u>Where do you usually shop for food?</u>	
<u>What kinds of foods do you like to make at home?</u>	
<u>When you do prepare a meal, do you mostly follow a recipe or create your own dishes?</u>	
<u>What are some things that might prevent you from cooking meals at home?</u>	
<u>Do you have any ideas for recipes or foods that you would like to try in your Community Kitchen?</u>	
<u>Do you need childcare during your Community Kitchen?</u> <u>If Yes, What are the names and ages of your children that you will be bringing?</u>	
<u>Are there any food allergies or other food issues that need to be taken into account with you or your children?</u>	
We will be sending you a postcard reminder. Where should we send it?	Address: