

SITHKOP402
Develop menus for special dietary requirements



ASSESSMENT 2 - Project B – ASSESSOR CHECKLIST

This checklist is to be used when assessing the students in the associated task. This checklist is to be completed for each student.

Please complete below

Student Name:	
Student ID No:	
Menu 1	Cuisine:
Menu 2	Cuisine:

Did the student	Satisfactory	Comments
Identify 2 different cuisines / restaurants to evaluate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identify any potential issues with the menu in terms of incompatible with special dietary needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Discuss menu issues with others as required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consider alternatives for each menu that are similar to existing menu (to keep feel of menu)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consider cooking process to retain nutrients	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ensure replacements are nutritionally balanced and appropriate for special dietary needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consider currently available ingredients (seasonal)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consider portion sizes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consider cost effectiveness of each dish, and ensure replacements remain high yield	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adjusted menu attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	