

Name: _____

Final Halacha Project Pre-Assessment

1. Do you have any food related allergies? **YES / NO**
(If you answered yes, please list the allergies on the line below:)

2. Are there any specific foods that you strongly dislike or try to avoid?
If so, please list them below.

3. Are there any specific foods that you especially enjoy?
If so, please list them below.

4. Do you have experience using the oven and/or stove to prepare food? **YES / NO**

5. Do you have experience using electric cooking appliances? **YES / NO**

6. Have you ever learned the *halachot* of a food-related idea called עיקר וטפל? **YES / NO**

7. Respond to the following using the scale below:

I can determine what *bracha rishona* to say on a food or dish completely on my own-

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None of the time It depends Most of the time Always