

LANGLADE COUNTY

FOOD PRESERVATION PROJECT FOR _____

Name _____

Years in project including this year _____

Things I want to learn _____

Skills Learned or Improved

To be a better consumer, I learned to . . .

Skills	Learned or Improved		Skills	Learned or Improved	
	This Year	Past Year		This Year	Past Year
To choose appropriate containers for preserving food			Preserve only the amount of food my family can use within one year		
Preserve the food immediately after harvesting or buying the food			Buy/grow the variety of fruit/vegetable appropriate for preserving		
How to select high quality food for preserving			Other:		
Other:			Other:		

For my health and well being, I learned how to . . .

Skills	Learned or Improved		Skills	Learned or Improved	
	This Year	Past Year		This Year	Past Year
Can vegetables without added salt			Can fruits using less sugar		
Freeze fruits withy no or less sugar			Eat at least five servings of fruit or vegetables daily		
Other:			Other:		

To be able to preserve food correctly, I learned how to . . .

Skills	Learned or Improved		Skills	Learned or Improved	
	This Year	Past Year		This Year	Past Year
The difference between hot pack and raw pack			The difference between low acid and high acid foods		
How to use a food dehydrator			How to blanch vegetables before freezing		
How to prepare fruits or vegetables for dehydrating			How to pack fruits/vegetables in canning jars		
How to prepare canning jars and lids before packing them with food			How to use the boiling water canner		
Other:			Other:		
Other:			Other:		

To do more advanced food preservation, I learned how to

Skills	Learned or Improved		Skills	Learned or Improved	
	This Year	Past Year		This Year	Past Year
Safely use a pressure canner to can vegetables			Identify causes of canning problems		
Other:			Other:		

Ways You Received Help This Year Include (check all that apply):

Describe or Explain

- | | |
|---|-------|
| <input type="checkbox"/> Attended project training offered in the county | _____ |
| <input type="checkbox"/> Attended project training offered at district or state level | _____ |
| <input type="checkbox"/> Guidance from a 4-H leader | _____ |
| <input type="checkbox"/> Guidance from a parent | _____ |
| <input type="checkbox"/> Reading and use of literature, books, audio visual resources | _____ |
| <input type="checkbox"/> Guest presenters | _____ |
| <input type="checkbox"/> Own knowledge | _____ |
| <input type="checkbox"/> Help from friends/other youth | _____ |
| <input type="checkbox"/> Other (describe) _____ | _____ |

