

Name:

Date:



Making a meal of it!

In the first box, draw the ingredient. In the second box, draw it being prepared. In the third box, draw it as part of a meal.

| Ingredient | Preparing | Meal |
|------------|-----------|------|
| | | |

| Ingredient | Preparing | Meal |
|------------|-----------|------|
| | | |

| Ingredient | Preparing | Meal |
|------------|-----------|------|
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