

# THOMAS MITCHELL PRIMARY SCHOOL

## YEAR 3 ACTIVITY – COOKING ‘CHOCOLATE BALLS’

27<sup>th</sup> July, 2017

### Introduction/Links to Curriculum:

In Term 3, the Year 3 students are learning to write procedural texts for English. The Year 3 teachers will teach them how to make chocolate balls. Students will practise listening to and following instructions, help measure out ingredients and roll their own chocolate balls. On the day their class participates in the cooking lesson, they will have the opportunity to taste their creation or take it home to share with their family. Following from this, students will write their own procedural text on how to make these yummy chocolate balls. Ingredients in the chocolate balls include:

- Sweetened Condensed Milk
- Desiccated Coconut
- Cocoa Powder
- Milk Arrowroot Biscuits

**Participants/Classes:** 3AS, 3AY, 3HW, 3RC and 3SC

**Date:** Thursday 10<sup>th</sup> August, 2017

**Times:** During class time

**Venue/Address:** Year 3 classrooms, Thomas Mitchell Primary School.  
Parent helpers are not required for this activity.

**Cost:** \$2.00

**This cost is covered by the ‘Essential Items – Excursion Levy’ payment that all parents were requested to pay at the commencement of their child’s school year.** In the event your child does not participate (eg. due to illness) a credit will be placed against your family account.

**Uniform:** All students must wear school uniform.

**Permission form:** To be returned by: **Friday 4<sup>th</sup> August, 2017**

Heather Whitty  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL – YEAR 3 ACTIVITY – COOKING ‘CHOCOLATE BALLS’**

I give permission for my child .....in class .....  
to participate in the above activity on Thursday 10<sup>th</sup> August, 2017.

I understand that the cost of \$2.00 is covered by the Excursion Levy payment I have made.

My child has an allergy to the following foods and should not eat:  
.....  
.....

My child may display the following symptoms when experiencing an allergic reaction:  
.....  
.....

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent Name: ..... Phone: .....

Signed: ..... Dated: .....

Contact for day of activity: ..... Phone for day of activity: .....