

**Tracking sheet –** Preparing for a Healthy Lifestyle

The aim of this unit is to introduce learners to ways in which they can contribute to a healthy lifestyle and to encourage them to plan activities which will improve their own lifestyle such as a balanced diet e.g. food groups, risks of over/under eating; sufficient sleep; taking regular exercise; alcohol and drug awareness.

A key part to this unit at Levels 3 and 4 is the cooking of a healthy meal. The act of cooking supports the other aspects of the unit, and encourages learners to develop independent living skills. To be classed as cooking heat must be applied to food in some way; learners must therefore apply heat to at least one ingredient within the meal for it to be a suitable assessment activity.

**SCQF Level 4**

**Learner name**  **Centre name**

|  |  |  |
| --- | --- | --- |
| **To do this you must** | **Page number** | **Assessment date** |
| 1. Understand the factors that contribute to a healthy lifestyle
 |
| * 1. Give examples of things to include for a healthy lifestyle
 |  |  |
| 1.2 Give examples of things to avoid for a healthy lifestyle |  |  |
| 1.3 Give examples of the impacts on health of:a) drinking alcoholb) smoking tobaccoc) taking illegal drugs and substancesd) lack of sleep |  |  |
| 2. Be able to plan a healthy meal  |
| * 1. Select a healthy meal to cook
 |  |  |
| * 1. Identify the ingredients, and required amounts, for this meal
 |  |  |
| * 1. Identify the steps, timings and equipment needed to cook the meal
 |  |  |
| * 1. Calculate the cost of the ingredients
 |  |  |
| 3. Be able to cook a healthy meal |
| * 1. Cook the meal
 |  |  |
| * 1. State the cooking methods used
 |  |  |
| * 1. Clean work areas and equipment after cooking
 |  |  |
| 4. Be able to work towards a healthy lifestyle |
| * 1. Give examples of how to make own lifestyle more healthy
 |  |  |
| * 1. Give examples of places and organisations that offer help and advice about achieving a healthy lifestyle
 |  |  |
| **Assessor feedback** |
|  |
| **Declaration** I confirm that the details above are correct, that the evidence submitted is the learner’s own work and that the learner meets all the requirements for the unit: |
| Learner Name Assessor Name Learner Signature Assessor SignatureDate Date  |