




Sample Evaluation Forms – Elementary Level

Basic Form

Directions: Circle the number that best answers each question. 1 is the worst and 6 is the best.

						
How does the food look?	1	2	3	4	5	6
How does the food taste?	1	2	3	4	5	6
How is the texture? How does the food feel in your mouth?	1	2	3	4	5	6
How does the food smell?	1	2	3	4	5	6
How would you rate the food overall?	1	2	3	4	5	6

Office Use Only

Panelist Code: _____

Date: _____

Taste Panel Survey

We are asking you to try a new food that we would like to add to our school lunch menu. Circle the smiley face that best describes how you feel about the food that you are tasting!

Food being tasted: _____ Date: _____


What do you think of the color/look of this food item?

				
Very Good	Good	Just Okay	Bad	Very Bad

What do you think of the taste/ flavor of this food item?

				
Very Good	Good	Just Okay	Bad	Very Bad

What do you think of the smell of this food?

				
Very Good	Good	Just Okay	Bad	Very Bad

Do you think we should serve this food item on the lunch menu?

				
Very Good	Good	Just Okay	Bad	Very Bad

Any comments? _____

