



# You Control the School Menu: Vote for Your Favorite

Fill in a box in each row below to tell us how you feel about the food you tasted today. Then tell us whether or not you would like to see this food on the school menu and why.

Food name: \_\_\_\_\_

	Bad	Fair	Good	Great
How did the food look?				
How did the food taste?				
How was the food's texture?				
How did it feel in your mouth?				
How did the food smell?				
How did you like the food overall?				

Was the food served at the right temperature?

YES

NO

Would you like to see this food on the school menu? Why? Why not?

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