

Sensory Evaluation Form

Recipe Name:

Category:

Directions: Check one rating for each of the following: Appearance, Taste/Flavor, Texture/Consistency, Aroma/Smell, and Overall Acceptability

| Rating Scale | Appearance | Taste/Flavor | Texture/ Consistency | Aroma/Smell | Overall Acceptability |
|---|------------|--------------|-------------------------|-------------|--------------------------|
| 9. Like Extremely | | | | | |
| 8. Like Very Much | | | | | |
| 7. Like Moderately | | | | | |
| 6. Like Slightly | | | | | |
| 5. Neither Like or Dislike | | | | | |
| 4. Dislike Slightly | | | | | |
| 3. Dislike Moderately | | | | | |
| 2. Dislike Very Much | | | | | |
| 1. Dislike Extremely | | | | | |
| | | | | | |
| Office Use Only | | | | | |
| <div> <div>Panelist Code:</div> <div>Date:</div> </div> | | | | | |