

Food Evaluation Form for Students

Student Name (Optional): _____

Grade Level: _____

Date: _____

Rate the following aspects of your meal today:

1. Flavor of the Meal: [1][2][3][4][5]
2. Temperature of Food: [1][2][3][4][5]
3. Healthy Food Choices Available: [1][2][3][4][5]
4. Cleanliness of Dining Area: [1][2][3][4][5]
5. Staff Helpfulness: [1][2][3][4][5]

Table for Specific Feedback:

Menu Item	Liked/Disliked?	Suggestions for Improvement	Rating (1-5)
Main Course			[]
Side Dish			[]
Dessert			[]
Beverage			[]

Suggestions for New Menu Items:
