Sensory Evaluation Form for Cookies

Participant Information:

Name: _____

Date: _____

Sample Details:

Cookie Name: _____

Sample Code: _____

Batch Number: _____

Evaluation Criteria (Rate on a Scale of 1-5):

Criteria	1 (Poor)	2	3 (Average)	4	5 (Excellent)
Appearance					
Color					
Crispiness					
Sweetness					
Flavor					
Texture					
Overall Satisfaction					

Would you recommend this cookie? (Tick One):

☐ **Yes** ☐ **No**

Comments:

_____

_____

Signature:

_____

_____