## HOM20 K12 Test Schools - Taste Test Survey

Q1 Taste Test Survey Harvesting Montana Test Schools Thank you for being a Recipe Test School! This survey collects information about your taste test(s) conducted Spring 2021. Please complete this form within one week of conducting your taste test. All taste tests must be conducted by April 30. We recommend starting the taste test process early (in March) in case the recipe needs to be altered and retested.

Participating in the taste test will be voluntary. Participation or non-participation will not affect the students' grade or class standing. Be sure to inform students verbally or in writing that participation and/or voting is optional. Each school follows district, local, state, and federal requirements and procedures related to COVID-19. The research team supports the practices each school follows and does not expect any deviation from those established protocols.

## If you have questions, please contact:

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Mailing address: Montana Team Nutrition Program PO Box 173370 Bozeman MT 597173370

Q2
School
Q3 Contact First Name

Q4 Contact Last Name

Q5 Contact Email

Q6 Date of Taste Test If the same taste test (with different students) was conducted on different days, list all of the dates.

Q7 Recipe Tested

Q8 Location of Taste Test

Cafeteria (1)Classroom (2)Other, describe: (3)

Q9
Grades of students participating in the taste test.

Select all that apply.

Elementary K-5 (1)

Middle School 6-8 (4)

High School 9-12 (5)

Q10 Taste Test Voting Method Select one. If voting includes student input beyond the simple "Tried It, Liked It, Loved It" please mail or email the data or surveys to Aubree Roth.

Voting containers (e.g., ballot boxes or cups) (1)

Voting poster with stickers or tally marks (4)Paper survey (5)
Electronic survey - provided by MT Team Nutrition (Grades K-5) (6)
Electronic survey - provided by MT Team Nutrition (Grades 6-8) (7)
Electronic survey/method - created by school or another source (8)

Q11 Enter the student votes below. The taste test must be conducted with at least 50 K-12 students. If you used one of the electronic surveys for the votes provided by Montana Team Nutrition, select the appropriate survey above and our staff will download the votes for your taste test.

Number Tried It: (1) $\qquad$

Number Liked It: (4) $\qquad$

Number Loved It: (5) $\qquad$

Q12 If additional student feedback was collected, please provide the information below.
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Q13 The following questions are to collect the school nutrition professionals' input about the recipe to determine the quality of this recipe and its appropriateness for school nutrition programs.

Q14 Please rate the recipe using the following criteria
Select one response per category.

| 1 (Not |  |  |  |
| :---: | :---: | :---: | :---: |
| Acceptable) <br> $(1)$ | $2(2)$ | $3(3)$ | $4(4)$ | | 5 (Excellent) |
| :---: |
| $(5)$ |

Appearance/Visual
Appeal (1)
Texture or
Consistency (4)

Flavor (5)

Temperature (6)

Q15 Was the recipe easy to follow? Were the directions clear?
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Q16 Would this recipe fit within your budget?
$\qquad$
$\qquad$
$\qquad$

Q17 What challenges did you have with the recipe (includes sourcing, preparation, etc.)?
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Q18 How would you recommend changing or enhancing recipe to increase appeal?
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Q19
Would you serve this again?
Select one.

Yes (1)Yes, if recipe was modified (4)
No (5)

Q21 Upload two or more photos of the taste test. This can include the preparation, ingredients, the prepared recipe, voting process, promotion, etc. Photo releases are required for any photos with children or adults. Photo releases can be completed online. One photo can be uploaded in each file upload box, use the additional file upload boxes below for multiple files/photos.

Q22 Photo 2 Upload (Required)

Q23 Photo 3 Upload (Optional)

Q24 Photo 4 Upload (Optional)

Q25 Photo 5 Upload (Optional)

End of Block: Intro

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