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:

	ree Roth aubree.roth@montana.edu (406) 994-5996 ling address: Montana Team Nutrition Program PO Box 173370 Bozeman MT 59717- 0	
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)			
	O Classroom (2)			
	Other, describe: (3)			
Q9 Gra	des of students participating in the taste test.			
Sel	ect all that apply.			
	C Elementary K-5 (1)			
	○ Middle School 6-8 (4)			
	O High School 9-12 (5)			

"Tried It, Liked It, Loved It" please mail or email the data or surveys to Aubree Roth.						
O Voting containers (e.g., ballot boxes or cups) (1)						
O Voting poster with stickers or tally marks (4)						
O Paper survey (5)						
O Electronic survey – provided by MT Team Nutrition (Grades K-5) (6)						
O Electronic survey – provided by MT Team Nutrition (Grades 6-8) (7)						
O 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. O Number Tried It: (1)						
O Number Loved It: (5)						
Q12 If additional student feedback was collected, please provide the information below.						

Q10 Taste Test Voting Method Select one. If voting includes student input beyond the simple

Q14 Please rate the recipe using the following criteria Select one response per category.							
	1 (Not Acceptable) (1)	2 (2)	3 (3)	4 (4)	5 (Excellen (5)		
Appearance/Visual Appeal (1)	0	0	0	0	0		
Texture or Consistency (4)	0	\circ	\circ	\circ	\circ		
Flavor (5)	0	\circ	\circ	\circ	\circ		
Temperature (6)	0	\circ		\circ	\circ		
15 Was the recipe	e easy to follow? \	Vere the direc	tions clear?				

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Q17 -	What challenges did you have with the recipe (includes sourcing, preparation, etc.)?
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-	
18	How would you recommend changing or enhancing recipe to increase appeal?
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-	
-	
-	
	ld you serve this again? ct one.
(Yes (1)
(Yes, if recipe was modified (4)
(○ No (5)

Q21 Upload two or more photos of the taste test. This the prepared recipe, voting process, promotion, etc. photos with children or adults. Photo releases can be uploaded in each file upload box, use the additional file files/photos.	Photo releases are required for any completed online. One photo can be
Q22 Photo 2 Upload (Required)	
Q23 Photo 3 Upload (Optional)	
Q24 Photo 4 Upload (Optional)	
Q25 Photo 5 Upload (Optional)	
End of Block: Intro	

Developed by Montana Team Nutrition

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