

# Recipe Feedback, Taste Test Results and Nutrition Education Survey for the Harvesting Montana Recipes Test Schools - October 2021

This is a Word file for schools to preview the questions and collect the requested data. Schools will complete the survey electronically at this link:  
[https://montana.qualtrics.com/jfe/form/SV\\_dimlEfAg5BZcOCa](https://montana.qualtrics.com/jfe/form/SV_dimlEfAg5BZcOCa)

Thank you for being a Recipe Test School! This survey collects information about your experience with preparing and serving the local recipe in a school lunch meal and the taste test(s) conducted in the 2021-2022 School Year.

Please complete this form within one week of serving the recipe in a reimbursable school lunch meal, hosting the Tried It Liked It Loved It taste test along with the school meal, and providing nutrition education. All recipes must be served in a school meal by March 31, 2022. We recommend starting meal planning process this fall, or at least by January 2022, to allow plenty of time to complete the project.

Schools will plan a menu as part of the National School Lunch Program/Seamless Summer Option which features one of the six local recipes (assigned). Students can choose to participate in the meal and the educational activities and evaluation. 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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Molly Stenberg, [stenberg@montana.edu](mailto:stenberg@montana.edu), (406) 994-7217

Mailing address:  
Montana Team Nutrition Program  
P.O. Box 173370, 325 Reid Hall, MSU  
Bozeman MT 59717-3370

School Food Service Director First and Last Name:

School District Name:

School site where the recipe is served in a school meal and educational activity occurs:

Recipe Name:

Date Recipe Served:

Menu Served:

Total # of students participating in school meal:

Tried It, Liked It, Loved It Results from Recipe Served in School Meal:

Grade levels participating in the taste test:

Number of students who tried it:

Number of students who liked it:

Number of students who loved it:

Please upload at least 2 photos of the prepared recipe.

1. One photo of the overall finished product large quantity (pan, pot, etc.) prepared recipe
2. One photo of a single serving of the recipe
3. Other
4. Other

Please consider providing additional photos such as: photo of the tray, photo of the service line, photo of the local food ingredients used, photo of staff or students with their tray (if person is in picture, will need a completed photo release form)

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.

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

	Totally Unacceptable (1)	Unacceptable (2)	Neutral (3)	Acceptable (4)	Excellent (5)
Appearance or Visual Appeal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Texture or Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flavor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was the recipe easy to follow? Were the directions clear?

Please calculate the food cost per serving. The food cost per serving for this recipe is:

Would this recipe fit within your budget?

What challenges did you have with the recipe (includes sourcing, preparation, equipment etc.)?

How would you recommend changing or enhancing recipe to increase appeal?

Would you serve this again? Select one.

- Yes
- Yes, if recipe was modified
- No

How would you recommend changing or enhancing recipe to increase serving opportunities/adaptability (e.g., serv as a grab-and-go, serve for breakfast, etc)?

**Nutrition Education:**

Primary Nutrition Education Contact Name:

Primary Nutrition Education Contact Email:

Primary Nutrition Education Contact Phone:

Please describe the nutrition education activities you completed in the classroom, in the lunchroom, and/or in the community to promote the local food item in your recipe.

For this local recipe project specifically, **what grade levels and how many students** received HOM education about the local food in this recipe?

Did you show the HOM video featuring the local food (required)?

- Yes
- No

Did students go on a farm to school fieldtrip? If yes, how many students participated?

Did a farmer/grower visit the school for the local meal and/or for a special event? If yes, how many students participated?

How many students participated/received some form of nutrition education related to the local food item? *If multiple different activities were conducted, include all activities.*

- Grade levels:
- Total number of students: