

# Kidsâ€™™ Lunchbox Tasting Feedback Sheet

Child's Name

Date

Age

Lunchbox Item Sampled

Did you like the taste?

☐

Yes

☐

No

☐

Maybe

How did it look?

☐

Good

☐

Okay

☐

Not Good

Was it easy to eat?

☐

Yes

☐

No

How filling was it?

☐

1

☐

2

☐

3

☐

4

☐

5

My favorite part of the lunchbox was

Other notes or suggestions

