

MRS Recipe Evaluation Form

Recipe Name: _____ School District: _____

Test Site: _____ Date: _____

Director/Manager Name: _____ Contact Number: _____

Did the students like this item?

Very Much

Somewhat

Undecided

Not really

Not at all

Any student comments?

Would you prepare again? Yes No If no, why would you **not** prepare again?

Did you follow the recipe as written? Yes No If no, what did you change?

Do you have any suggestions to improve this recipe?

Were the instructions clear? Yes No If no, what would you change?

How did you test this recipe with students? As a menu item Sample Other than meal time

Was a full portion tested? Yes No

Recipe Name: _____

Was there a garnish? Yes No

If so, what was the garnish? _____

Number of portions in original recipe: _____ Number portions recipe actually prepared: _____

Number of portions tested recipe yielded: _____ Portion size: _____

If volume can be measured, what is it? _____ Volume in Gallons or _____ Volume in Quarts

If casserole or similar recipe, how many gallons or quarts in each pan? _____ Gallons _____ Quarts

Size of pan was used?

Full Size Half Size 2 ½-Inch Deep 4-Inch Deep Other Sheet Pan

How many pans were used? _____

If recipe is baked, which oven was used? Convection Conventional Combi-oven

What was the oven cooking temperature _____ °F

How long was the recipe baked? _____ Hours _____ Minutes

Any other Comments?

Thanks for your help in testing the recipe and completing the form! If you have any questions or concerns, contact MRSHelp@mdek12.org

Please email the completed form and any photos of the results to
MRSHelp@mdek12.org