

# 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](mailto:MRSHelp@mdek12.org)

Please email the completed form and any photos of the results to  
[MRSHelp@mdek12.org](mailto:MRSHelp@mdek12.org)