

Kid's Tasting Survey

My Grade is: _____

For each question, circle one face.

1	Do you like the way this food looks ?	Don't like yet! 	Sort of... 	Like! 
2	Do you like the way this food tastes ?	Don't like yet! 	Sort of... 	Like! 
3	Would you eat this food if it were served in your school cafeteria?	No! 	Maybe... 	Yes! 

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