APPENDIX F: SCHOOL-WIDE RESULTS SHEET

Date of Taste Test : _____

Featured Vermont Harvest of the Month Item : _____

Taste Test Recipe : _____

Where did the taste test take place? _____ Classrooms _____ Cafeteria

Was the VTHOM ingredient local? _____ Yes _____ No _____ Not Sure

USE THE FORM BELOW TO TALLY TASTE TEST RESULTS FROM AROUND THE SCHOOL.

Total number of students who tried it	I liked it a lot (Thumbs up)	I liked it a little (Thumbs sideways)	I don't like it (Thumbs down)	I didn't try it
TOTAL:				

*Submit just the TOTAL numbers on Taste Test Results form on VTHOM website at www.VermontHarvestoftheMonth.org