



Thank you for agreeing to partake in a Travis USD school lunch each month in order to provide feedback on our school lunch program. During or immediately following each visit, please complete this evaluation form and send to Kelly Hatcher, Assistant Director, Food Service, Transportation, Maintenance & Operations or complete electronically and email to khatcher@travisusd.org. Thank you!

## Travis USD School Lunch Evaluation Form

**For each question, please circle a number 1-10 (1 being the lowest and 10 the highest).**

### 1. How was the service?

<i>Poor</i>										<i>Excellent</i>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_  
 \_\_\_\_\_

### 2. Did the entrée selections look appetizing?

<i>Poor</i>										<i>Excellent</i>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_  
 \_\_\_\_\_

### 3. Did the salad bar look appealing?

<i>Poor</i>										<i>Excellent</i>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_  
 \_\_\_\_\_

### 4. How did your meal taste?

<i>Poor</i>										<i>Excellent</i>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Any other comments you'd like to share:

  
  
  
  
  
  
  
  
  
  

Evaluator's Name \_\_\_\_\_

Name of School visited \_\_\_\_\_ Date of visit/evaluation: \_\_\_\_\_