







Name: _____ Date: _____ Period: _____

What food group?

 Grain	 Fruit	 Dessert
 Veggie	 Protein	 Dairy

Plain

Taste?: ☆☆☆☆☆
Texture?: ☆☆☆☆☆
How many bites?
Eat again?:

Bake

Taste?: ☆☆☆☆☆
Texture?: ☆☆☆☆☆
How many bites?
Eat again?:

Roast

Taste?: ☆☆☆☆☆
Texture?: ☆☆☆☆☆
How many bites?
Eat again?:

Boil

Taste?: ☆☆☆☆☆
Texture?: ☆☆☆☆☆
How many bites?
Eat again?:

Sauté

Taste?: ☆☆☆☆☆
Texture?: ☆☆☆☆☆
How many bites?
Eat again?:

Broil

Taste?: ☆☆☆☆☆
Texture?: ☆☆☆☆☆
How many bites?
Eat again?:

Fry

Taste?: ☆☆☆☆☆
Texture?: ☆☆☆☆☆
How many bites?
Eat again?:

Steam

Taste?: ☆☆☆☆☆
Texture?: ☆☆☆☆☆
How many bites?
Eat again?: