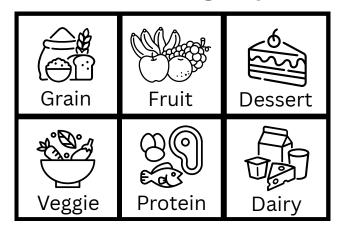
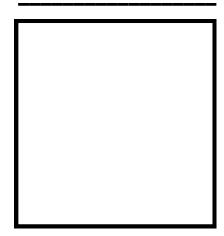
Name:	Date:	Period:

What food group?





Plain

How many bites? 1 2-4 All

Eat again?: Yes No

Bake

How many bites? 1 2-4 All

Eat again?: Yes No

Roast

Taste?: $^{\diamond}$ $^{\diamond}$ $^{\diamond}$ $^{\diamond}$ $^{\diamond}$

How many bites? 1 2-4 All

Eat again?: Yes No

Boil

Texture?: $^{\diamond}$ $^{\diamond}$ $^{\diamond}$ $^{\diamond}$ $^{\diamond}$

How many bites? 1 2-4 All

Eat again?: Yes No

Sauté

How many bites? 1 2-4 All

Eat again?: Yes No

Broil

How many bites? 1 2-4 All

Eat again?: Yes No

Fry

How many bites? 1 2-4 All

Eat again?: Yes No

Steam

How many bites? 1 2-4 All

Eat again?: Yes No