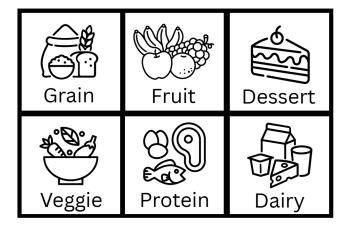
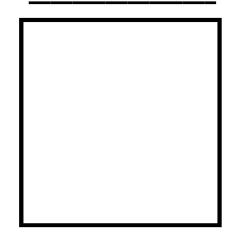
Name: _____ Period: ____

What food group?





Plain

How many bites? 1 2-4 All

Eat again?: Yes No

Bake

Taste?: ☆☆☆☆☆

How many bites? 1 2-4 All

Eat again?: Yes No

Roast

Taste?: ☆☆☆☆☆

Texture?: ☆☆☆☆☆

How many bites? 1 2-4 All

Eat again?: Yes No

Boil

How many bites? 1 2-4 All

Eat again?: Yes No

Sauté

Taste?: ☆☆☆☆☆

Texture?: ☆☆☆☆☆

How many bites? 1 2-4 All

Eat again?: Yes No

Broil

Texture?: ☆☆☆☆☆

How many bites? 1 2-4 All

Eat again?: Yes No

Fry

Taste?: ☆☆☆☆☆

How many bites? 1 2-4 All

Eat again?: Yes No

Steam

Texture?: ☆☆☆☆☆

How many bites? 1 2-4 All

Eat again?: Yes No