

Sensory Evaluation Form

Recipe Name:

Category:

Directions: Circle one rating in the yellow boxes for each of the following: Appearance, Taste/Flavor, Texture/Consistency, Aroma/Smell, and Overall Acceptability

Appearance	Extremely Attractive	Moderately Attractive	Attractive / matches photo	Unappetizing	Unattractive
Taste/Flavor	Tasted great	Flavorful	Acceptable	Off flavor	Flavor did not appeal to me
Texture Rating	Wonderful texture	Good texture	Acceptable texture	Off texture	Inappropriate texture/flat/runny
Aroma/Smell Rating	Wonderful aroma	Appealing aroma	Acceptable aroma	Aroma is not appealing	Unappetizing aroma
Overall Acceptability	Extremely Acceptable	Moderately Acceptable	Acceptable	Moderately Unacceptable	Unacceptable

Office Use Only

Panelist Code:

Date: