

Sensory Evaluation Form

Recipe Name:

Category:

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

Rating Scale	Appearance	Taste/Flavor	Texture/ Consistency	Aroma/Smell	Overall Acceptability
9. Like Extremely					
8. Like Very Much					
7. Like Moderately					
6. Like Slightly					
5. Neither Like or Dislike					
4. Dislike Slightly					
3. Dislike Moderately					
2. Dislike Very Much					
1. Dislike Extremely					
Office Use Only					
Panelist Code:		Date:			