

DATE: _____

SCHOOL NAME: _____

PARENT NAME (optional): _____

PHONE NUMBER (optional): _____

SCHOOL LUNCH SURVEY

1. How often does your child purchase lunch?

Regularly _____ Sometimes _____ Never _____

2. Is cost a factor in how often your child purchases lunch?

Yes _____ No _____

3. Do you allow your child to choose the days on which s/he purchases lunch?

Yes _____ No _____

4. Is lunch a pleasant time for your child?

Yes _____ No _____

5. Do you feel that the portions are large enough for your child?

Yes _____ No _____

6. Do you know that extra portions can be ordered (at an extra cost)?

Yes _____ No _____

7. Is the KITCHEN Service Staff courteous to your child?

Yes _____ No _____

8. Is your child satisfied with the quality of the food?

Yes _____ No _____

9. Do you feel that the regular and alternate menus offer enough variety?

Yes _____ No _____

10. Have you ever observed the lunch program?

Yes _____ No _____

SUGGESTIONS:

Your Child's Grade _____