

EVALUATION –Lasagna

1. Type of Lasagna: _____
2. The meal was priced reasonably Yes:_____ No: _____ Not Sure:____
3. I felt like I received the quality that I paid for: (1 poor-5 excels expectations)

4. I thought the recipe(s) used tasted good: (1 poor-5 excels expectations) _____
5. What day(s) would be the most helpful for you to pick up prepared meals?
(circle) Monday Tuesday Wednesday Thursday Friday Any Day
6. Reheating the meal was successful? Yes:_____ No:___ How long did you reheat
the meal for?_____ Not sure: _____
7. Is there anything that we could improve on for next time?

8. Other take home meal suggestions that you would like to purchase in the future:

9. Would you purchase this meal again? Yes:_____ No:_____ Maybe:_____

We thank you for your feedback to help us improve our product.

**Please return this form to Maria Snally's mail box.
Thank you!**