Cafeteria Feedback Survey

Tell us what you think about your school cafeteria. Fill the checkboxes completely using a blue or black pen. Your answers are anonymous.

Your dining experience

Please tell us how much you agree with each statement.

Please cross one in each line

	Strongly disagree	*Disagree*	*Neutral*	*Agree*	*Strongly agree*
The food tastes good	◯	◯	◯	◯	◯
There are healthy options	◯	◯	◯	◯	◯
There is enough variety	◯	◯	◯	◯	◯
The portions are right	◯	◯	◯	◯	◯
The staff are friendly	◯	◯	◯	◯	◯
The dining area is clean	◯	◯	◯	◯	◯

How you use the cafeteria

How often do you eat in the cafeteria? *(Please cross one)*

- ◯ Every day
- ◯ A few times a week
- ◯ Once a week
- ◯ Rarely

Your ideas

What foods would you like to see on the menu?

Thank you for your feedback. Please return this form to the cafeteria staff or your teacher.

To respond ⊗ or ●

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