






Name \_\_\_\_\_

# TASTE TEST OBSERVATIONS



Name of Fruit(s) or Vegetable(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

	Variety ⇒	1	2	3
	COLOR			
	SIZE			
	SHAPE			
	TEXTURE OF SKIN			
	TEXTURE OF FLESH			
	TASTE			
	SCENT			
	SOUND WHILE EATING			

Record other observations on reverse side of paper.

Which is your favorite variety? \_\_\_\_\_ Why? \_\_\_\_\_

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