

FFVP Student Response ("Voice & Choice") Form



Return to School FFVP Coordinator
and/or Food Service Point of Contact

Date: _____

Grade: _____

Teacher: _____

Fruit(s) or Vegetable(s) being served: _____

Individual Student Response:

Item: _____



I LOVED IT!!!

Item: _____



I LOVED IT!!!



I LIKED IT!



I LIKED IT!



I TRIED IT!



I TRIED IT!

Alternative Response Option for Teacher: Overall Class Response (Circle One):

GREAT!

GOOD!

OKAY!