B-E School District Food Service

How Are We Doing?

We are committed to providing you with the best dining experience possible, so we welcome your comments. Please fill out this questionnaire on line or give it to your cashier. Thank you!

- What school do you attend? If you are the parent what school does your child attend?

  _____

  ____

- Please rate the quality of the service you received from your cafeteria staff?

  ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

  Disappointing Exceptional

- Was your cafeteria staff.

  Friendly? ○ Yes ○ No

  Informative? ○ Yes ○ No

  Prompt and efficient? ○ Yes ○ No

- Please rate the quality of your entree.

  ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

  Disappointing Exceptional

- Was our kitchen clean?

  ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

  Disappointing Exceptional

- Please rate your overall cafeteria experience.

  ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

  Disappointing Exceptional

- How often do you eat at your cafeteria?

  ○ 3-5 times per week
  ○ 1-2 times per week
  ○ Once every 2 weeks
  ○ Other_____

- How often do you pack a lunch?

  ○ 3-5 times per week
  ○ 1-2 times per week
  ○ Once every 2 weeks
  ○ Other _____

- What menu items are your favorites?

  _____

  _____

- What menu items are you least likely to eat?

  _____

  _____

- What fresh fruit or vegetables do you like?

  _____

  _____

- What kind of food would you like added to our menu? If we use your menu idea we will name it after you, please give your first name only.

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- Please share any additional comments or suggestions.

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