

SCHOOL FOOD SERVICE PARENT SURVEY Elementary

In order to improve our School Food Service Program, we would appreciate your response to the following survey questions. This information will be used to better serve the students, faculty and staff members of \_\_\_\_\_ School District.

1. On average, how many days a week does your student purchase school lunch?  
NONE 1 2 3 4 5

2. Does your student enjoy eating school meals? Yes No

3. What changes would make your student want to eat more often? \_\_\_\_\_

4. Who decides if your student will eat a "school meal"?  
Student Mom Dad Other: \_\_\_\_\_

5. Do you receive a copy of the menu? Yes No

6. How would you rate the variety of menu items?  
Excellent Good Fair Poor

What changes would you like to see in the menu choices?  
\_\_\_\_\_

7. Do you think school meals are a good value? Yes No

8. How would you rate the nutritional value of the food served?  
Excellent Good Fair Poor

9. What are your student's 3 favorite breakfast / lunch items?  
\_\_\_\_\_

10. What is your student's least favorite menu item served? \_\_\_\_\_

11. What suggestions do you have for improving our food service program?  
\_\_\_\_\_  
\_\_\_\_\_

Your Student's School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Student is: Male Female (Please circle one)

**Thank you for taking the time to complete this survey. Your input is very important to us.**

Please return to:

By: 1) Send it to school with your child 2) E-mail to: [ma-tmoffenberger@seovec.org](mailto:ma-tmoffenberger@seovec.org)