

# Food Critic: Comparative

Name \_\_\_\_\_

Date: \_\_\_\_\_

Taste Testers Group: [list students] \_\_\_\_\_

Primary Food Group: \_\_\_\_\_

## Ingredients

Food 1:

Food 2:

Food 3:

## Recipe/Preparation

Food 1:

Food 2:

Food 3:



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	Food 1: _____	Food 2: _____	Food 3: _____
Describe the taste and texture.			
Would you eat it again? Why or why not?			
Would your family eat it? Why or why not?			
Rate it: 1-3			

