**NCPA NEW PRODUCT SPONSOR FORM**

### STUDENT TESTING SUMMARY AND MEMBER ENDORSEMENT

**Testing District Testing School Testing Grade Levels Testing Date Testing Score**

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Product Description Brand Code Number Pack Size**

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| --- | --- | --- | --- |
|  |  |  |  |

**Appearance of Product YES NO**

|  |  |  |
| --- | --- | --- |
| Was sample delivered in full case in sealed container? |  |  |
| Was container in good condition? |  |  |
| Is size of container appropriate for school storage? |  |  |

**Preparation of Product YES NO N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Preparation instructions provided on case or inside? |  |  |  |
| By following preparation instructions was an acceptable product produced? |  |  |  |

|  |  |
| --- | --- |
| Staff Comments about Preparation: |  |

**Product Testing**

|  |  |
| --- | --- |
| Was product tested by students? Enter yes if students, no if staff. |  |
| Total Number of ratings returned |  |
| Number of acceptable ratings |  |
| Testing Score (Acceptable Ratings divided by Total Returned) |  |

**Feedback from Students and Staff about this product**;(Feedback is critical to provide manufacturers evidence of why a product passed or failed. Please take time to write comments received from students and staff about this product.

|  |
| --- |
| **Test Site Manager Signature Date** |

|  |
| --- |
| **Observing CND or Supervisor Signature Date** |

**Sponsor Endorsement YES NO**

|  |  |  |
| --- | --- | --- |
| I recommend this new product for the NCPA Bid |  |  |
| I plan to add this product to district menu next year |  |  |

|  |
| --- |
| **CND or Designee Signature Date** |

**Send completed Form to** [**cindy.hobbs@dpi.nc.gov**](mailto:cindy.hobbs@dpi.nc.gov) **and copy the Manufacturer or Broker that requested the test.**

***Copies of NCPA Testing Documentation is to be filed for 3 years in the testing district.***

**THANK YOU, YOUR STAFF AND STUDENTS FOR SUPPORTING THE NCPA**