

Tester Evaluation Sheet

Device name: _____

Inventor names: _____

Date: _____

Instructions

- To evaluate a group’s prototype device, three different people use it to perform the intended task and then rate whether or not the device meets each design criterion. Use the following rating scale:

Yes, the requirement has been met = **1** **No**, the requirement has not been met = **0**

- Tally the ratings in each row.

Design Criteria								
	Safe	Durable	Weights < 4 oz	Costs < \$5	Attaches to hand or wrist	Easy to put on and use	Holds a small paintbrush or drawing utensil	
Evaluator Name	Ratings (Yes = 1, No = 0)							TOTAL
<i>Ben Smith</i>	1	0	0	0	1	1	1	4
1.								
2.								
3.								

- Feedback**—Evaluator comments, **constructive criticism** and suggestions for improvement: