## PROTOTYPE TESTING \_\_\_\_\_\_ Designed By: \_\_\_\_\_\_ Date: \_\_\_\_\_ Prototype Name: \_ Description of Prototype: Summary of Outcomes and Criteria: (see Outcomes Chart) **Testing Setting** Location of testing: Notes: Real life or fabricated experience: Autonomous interaction with prototype: (if applicable) Observations Behaviors, actions, emotions, thoughts or other factors to Notes: observe:

| Request Feedback During the Experience  |        |
|---|--------|
| Desired feedback and questions to ask the user while they're engaging with the product: | Notes: |
| Comparisons   |        |
| Comparisons between and :   | Notes: |
| Follow-Up Feedback  |        |
| Desired feedback and follow-up questions:   | Notes  |
| How will follow up be facilitated?  |        |