# **Practicals Marking Cover Sheet**

Name:

Date:

Learner ID:

Assessor’s Name:

Assessor’s Signature:

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| **Criteria** | **Out Of** | **Weighting** | **Final Result** |
| Functionality & Robustness | 10 | 100 |  |
| **Final Result** | | | /100 |
| **This assessment is worth 10% of the final mark for the Design and Development of Applications for Mobile Devices course.** | | | |

Feedback: