

# Wheel of Reality Event Form

**Project Code Name:**

**Genre:**

**Project Lead Name:**

**WoR Category:**

**Working Title:**

**WoR Event #**

## Evaluation Areas

### Project Impact - Risks & Obstacles

What are some of the tangible risks or problems that this event could cause you/your project? These are thing things you will need to overcome and provide detail about in the Potential Outcomes section.

### Expertise/Experts Needed

Who could help you with information, guidance, or options? What information could they provide specific to this event?

## Potential Outcome

Choose how you will address the issue, overcome the obstacle, include detail about the way you want to solve, minimize, or overcome it. Provide supporting information for your choice.

## Additional Thoughts

Add additional thoughts you would like to share with your peers or the instructor about this event.

## Peer Feedback Notes

Add notes from your peers during the feedback segment based on above.