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| assignment CHECK LIST  Student Name: Enter your name here  Assignment: Assignment name here  Summary: Please enter a brief summary here |

| Touchpoint | Yes? | If NO: | Notes |
| --- | --- | --- | --- |
| Did the application compile? |  | If NO, what are the issues? |  |
| Did the application run? |  | If NO, what are the issues? |  |
| Did the application meet all assignment requirements? |  | If NO, what did not work and what are the issues? |  |