

Engineering Design: Testing Results

Section 4, Session 3: Does It Work?

Name: _____

Date: _____

INITIAL TEST:

Criterion	Pass/Fail	Evidence / Notes

WHAT WORKED WELL:

PROBLEMS / WHAT DIDN'T WORK:

IMPROVEMENTS TO MAKE:

1. _____
2. _____
3. _____

FINAL TEST (after improvements):

Number of criteria met: _____ out of _____

Improvement from initial test: _____