

# 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: \_\_\_\_\_