# Data Collection Sheet

Evaluator Name: _____
Prototype Tested: _____

Subject Number:  _____

| Task # | Observations | Time spent | Successful: Yes/No |
|---|---|---|---|
| Task 1 | | | |
| Task 2 | | | |
| Task 3 | | | |
| Task 4 | | | |
| Task 5 | | | |
| Task 6 | | | |
| Task 7 | | | |
| Task 8 | | | |
| Task 9 | | | |
| Task 10 | | | |