Game Testing Feedback Form

Participant Information

•	Name.
•	Date of Test:
Ove	rall Experience
•	How would you rate your overall experience with the game on a scale of 1 to 10? (1 = very poor, 10 = excellent)
	Rating:[]1 []2 []3 []4 []5 []6 []7 []8 []9 []10
•	What did you enjoy most about the game?
•	Is there anything you disliked about the game?
Gan	neplay and Difficulty
•	Were there any tasks or gameplay mechanics that you found difficult? If yes, please describe them:

•	Did you feel that the game was too easy, too difficult, or just right?
	[] Too Easy [] Too Difficult [] Just Right
•	Were there any specific mechanics (e.g. player movement, task interaction) that you found confusing or difficult to use?
Useı	r Interface and Controls
•	How intuitive did you find the game's controls (e.g. movement, interacting with the KanBan board)?
	Rating:[]1 []2 []3 []4 []5 []6 []7 []8 []9 []10
•	Was there any part of the user interface (menus, pop-ups, task progress) that was unclear or hard to navigate?
•	Did you encounter any bugs or technical issues? If so, please describe:

Suggestions for Improvement

•	Do you have any other feedback or suggestions for improving the overall game experience?
Add	itional Comments
•	Please provide any additional comments or thoughts you have about the game.

Thanks, you for participating in our game testing! Your feedback is valuable and will help us improve the game experience.