	Skill Builder Evaluation Sheet
Your Name:	What are you building?
Date: Sta	What are you building?art Time: Instructor:
Please feel free to mark or wr confusing or inadequate steps	ite on your set of instructions and turn them in with your evaluation. Note any s.
Fill this section BEFORE you b	begin the skill builder.
	ence with Hand Tools (pliers)? Circle one
never heard of or seen	heard of or seen but never used used once or twice used frequently
	ence with the technology (foam cutter) you are building? <i>Circle one</i> heard of or seen but never used used once or twice own one
	of device or something of similar construction? Y / N / Not Sure
Looking at the materials list p	lease list all materials you have not used:
Does your constructed tool w	we did not complete the build it we finished and it doesn't work
If you did not complete the h	we finished and it works uild it or it didn't work, please explain why:
Will you use the completed d	evice? Y / N / Maybe
What skills did you learn toda	ay?
Do you feel you could teach t	his to someone else? Y / N / Maybe
What would you use these sk	ills to do in the future?
What new design or business	ideas do you have now that you have done this skill builder?

What part(s) of the activity did you enjoy? ______

What part(s) of the activity did you NOT enjoy? ______

When were the instructions most clear and why? ______

When were the instructions least clear and why? ______

When were the *instructor*'s directions most clear and why?

When were the *instructor*'s directions least clear and why?

Please write in any clarifications or edits that you think would have been helpful for the instructions:

Any additional input: ______

End Time: _____