Skill Builder: Smart Light Evaluation Sheet

Your Name:	What are you building?
Date:	What are you building? Start Time: Instructor:
	or write on your set of instructions and turn them in with your evaluation. Note any
What is your previous ex	perience with Hand Tools (wire strippers, wire cutters, soldering iron)? Circle one heard of or seen but never used used once or twice used frequently
What is your previous ex never heard of or seen	perience with the technology (dimmable light) you are building? <i>Circle one</i> heard of or seen but never used used once or twice own one
	type of device or something of similar construction? Y / N / Not Sure
Looking at the materials	list please list all materials you have not used:
Fill this section out only A	AFTER completing the skill Builder Exercise
Does your constructed to	ool work? Circle one
,	we did not complete the skill builder
	we finished and it doesn't work
	we finished and it works
If you did not complete t	he skill builder or it didn't work, please explain why:
Will you use the complet	red device? Y / N / Maybe
What skills did you learn	today?
Do you feel you could tea	ach this to someone else? Y / N / Maybe
What would you use thes	se skills to do in the future?
What new design or busi	ness ideas do you have now that you have done this skill builder?
What part(s) of the activi	ity did you enjoy?
What part(s) of the activi	ity did you NOT enjoy?

When were the <i>instructions</i> most clear and why?		
When were the <i>instructions</i> least clear and why?		
When were the <i>instructor</i> 's directions most clear and why?		
When were the <i>instructor</i> '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:		