

Skill Builder Evaluation Sheet

Your Name: _____ What are you building? _____
Date: _____ Start Time: _____ Instructor: _____

Please feel free to mark or write on your set of instructions and turn them in with your evaluation. Note any confusing or inadequate steps.

Fill this section BEFORE you begin the skill builder.

What is your previous experience with Hand Tools (wood saw, coping saw, chisel, gouge)? *Circle one*
never heard of or seen heard of or seen but never used used once or twice used frequently

What is your previous experience with the technology (wooden spoon) you are building? *Circle one*
never heard of or seen heard of or seen but never used used once or twice own one

Have you ever built this type of device or something of similar construction? Y / N / Not Sure

If yes, describe device here: _____

Looking at the materials list please list all materials you have not used: _____

Fill this section out only AFTER completing the skill Builder Exercise

Does your constructed tool 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 the skill builder or it didn't work, please explain why: _____

Will you use the completed device? Y / N / Maybe

What skills did you learn today? _____

Do you feel you could teach this to someone else? Y / N / Maybe

What would you use these skills 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: _____