

Software Evaluation Form

Project Name:					
Class:		Semester:			
Date:		Time:		Venue:	Lab 6

Overall Project Evaluation

Demo/Software:
Project Planning & Tracking:
Report Documentations:
User Manual: (Optional):
Research Article:

Group Members:

Sno.	Name	Presentation Skills	Technical Knowledge	Software Knowledge	Over All Grade
1.					
2.					
3.					
4.					
5.					
6.					

Suggestions for Improvement:

Name of Evaluator: _____

Organization: _____

Designation: _____

Signature: _____



Grade Points: 1. A+ 2. A 3. B+ 4. B 5. C 6. F