

Design Feedback Summary



Name _____ Date _____

	CRITERIA		
	Cargo Damage (%)	Shell Condition	Total Pod Cost (\$)
Submitted Version <input type="text"/> Test Results	<input type="text"/>	<input type="checkbox"/> Watertight shelter <input type="checkbox"/> Shade-only shelter <input type="checkbox"/> Building materials <input type="checkbox"/> Not reusable	<input type="text"/>
Feedback from project director	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goal	<input type="text"/>	<input type="text"/>	<input type="text"/>
Redesign Strategy	<input type="text"/>	<input type="text"/>	<input type="text"/>