EVALUATION FORM FOR ELECTRICTY-ELECTRONICS (EL-1, EL-2)

EL-1 CONSUMER ELECTRONICS

Entries in this classification involving discrete and/or integrated circuits related to audio, television, music, digital, communication, or other consumer products. Each entry must have a complete set of plans and/or schematics, an explanation of operation, and operating instructions.

EL-2 INDUSTRIAL ELECTRONICS

This classification includes any projects involving discrete and/or integrated circuits related to timing, counting, calculating, controlling, or activation of instruments (computers, advanced scientific measurement instrumentation or other industrial electronic applications). Each entry must have a complete set of plans and/or schematics, an explanation of operation, and operating instructions.

CLASSIFICATION: EL-1 Consumer Electronics EL-2 Industrial Electronics GROUP LETTER_____ PROJECT NUMBER_____

PROJECT TITLE

_____

Entry Checklist:

_____ Complete set of plans/schematics included
_____ Explanation of operation included
_____ Operating instructions included
_____ Technical Report

MAJOR EVALUATION FACTORS RATINGS COMMENTS

0= Very Poor
10 (20) Excellent

General Internal & External Appearance	0	1	2	3	4	5	6	7	8	9	10
Chassis and/or Board Layout	0	1	2	3	4	5	6	7	8	9	10
Quality of Wiring and/or Board Connections	0	2	4	6	8	10	12	14	16	18	20
Quality of Solder Joints (mechanical) and/or Appearance of Terminals/Joints (elect)	0	1	2	3	4	5	6	7	8	9	10
Quality of operation	0	1	2	3	4	5	6	7	8	9	10
Quality of Parts Placement	0	1	2	3	4	5	6	7	8	9	10
Use of Circuit Protection Devices	0	1	2	3	4	5	6	7	8	9	10
Quality of Plans, Schematic, & Operation Instructions	0	1	2	3	4	5	6	7	8	9	10
Complexity for Group Level	0	1	2	3	4	5	6	7	8	9	10
Entry Checklist Violation (See above)											*-10*

Overall project Rating_____

100-85 = I (blue) 84-70 = II (red) 69-0 = III (white) (based on 100 points)

NAME OF STUDENT_____

NAME OF SCHOOL_____ ADDRESS OF SCHOOL_____

INSTRUCTOR_____ CITY_____ TELEPHONE #_____

NAME OF COURSE ENTRY WAS COMPLETED IN:_____