

Prototype Evaluation Checklist

Evaluator Name

Date

| Criterion | Yes | No | Comments |
|------------------------|--------------------------|--------------------------|-------------|
| Clarity of Interface | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Consistency of Design | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Ease of Navigation | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Feedback and Responses | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Efficiency of Tasks | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Accessibility | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Error Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Visual Appeal | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |

Overall Comments