NAME:

EVALUATION

Quality of Construction /20

- Are cuts square?
- Are pencil lines removed?
- Do joints fit tight and flush?
- Are curves sanded smooth?
- Is there any tear-out?

Accuracy /20

- Is the project built according to plans?
- Are the measurements correct?

Planning / Time Management

- Did you follow a correct **Plan of Procedure**? **/10**
- **Bill of Materials** **/10**

BILL OF MATERIALS

QTY.	PART NAME	MATERIAL	T	W	L

TOTAL /60