



Feedback Form

**Teams: Please complete the top portion of this form.
Make sure anything the judges need to know is noted.
Only one (1) form per team is needed.**

School: _____

Teacher Coach: _____ Cell #: _____

Team #: _____ Students' Names: _____

Level (Check): Level 3 (Grades 6-8) Level 4 (Grades 9-12)

Category (Check):

<input type="checkbox"/> AI	<input type="checkbox"/> CAD	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Scientific/Non-Business Programming
<input type="checkbox"/> Cyber Security	<input type="checkbox"/> Integrated Applications	<input type="checkbox"/> Video Editing	
<input type="checkbox"/> Desktop Presentations	<input type="checkbox"/> Music Composition	<input type="checkbox"/> Web Design	
<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Object-Oriented Business Programming		

Computer Type: _____ Program or Language Used: _____

File name for this challenge(s): _____

Directions for loading this challenge(s): _____

Judges Feedback Section

Judges: Please fill in your notes to the team below and leave on the table.

