Designing food packaging evaluation

**Year 4**

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If you are evaluating your own design, write your name in the self-assessment box.

If you are evaluating someone else’s design, write your name in the peer assessment box.

|  |  |
| --- | --- |
| **Self-assessment:**  | **Peer assessment:**  |

On a scale of 1 to 10, circle the rating that indicates how well the packaging satisfied the selection criteria.
(1 is low and 10 is high).

**The packaging:**

|  |  |
| --- | --- |
| Does it have components that will help keep food cool? | 1 2 3 4 5 6 7 8 9 10 |
| Does it have components that will help keep food warm? | 1 2 3 4 5 6 7 8 9 10 |
| Can it store wet food? | 1 2 3 4 5 6 7 8 9 10 |
| Can it store dry food? | 1 2 3 4 5 6 7 8 9 10 |
| Does it have a place to store drinks/liquids? | 1 2 3 4 5 6 7 8 9 10 |
| Is it re-usable? | 1 2 3 4 5 6 7 8 9 10 |
| Are the materials used suitable for their selected purpose? | 1 2 3 4 5 6 7 8 9 10 |
| Has the reasoning for material selection and design been well explained? | 1 2 3 4 5 6 7 8 9 10 |
| **Average rating** | 1 2 3 4 5 6 7 8 9 10 |