

**CMPS 327
GAME EVALUATION FORM**

GAME NAME _____ (print)

DATE _____

YOUR NAME _____ (print)

CHECK ONE BOX IN EACH ROW.

	CATEGORY	EXCELLENT	GOOD	AVERAGE	POOR	BAD
1	Originality of concept and/or features					
2	Interface					
3	Game Information					
4	Artwork & Animation					
5	Sound					
6	Game Design					
7	Balance					
8	Intro & Final Screens					
9	Demo mode					
10	Overall Impression					

Have you seen another game VERY similar to this one somewhere else? ___ Yes ___ No

If so, where? _____

COMMENTS:
