**Lessons learned from the project work**

We require EACH one of you to turn in this form, by midnight on the 25th. You can email it to almira@ifi.uio.no. This form has NO impact on your grade. It is required in order to see how you distributed your time during the semester, as well as to evaluate how effective is giving the course with external companies/organizations.

|  |  |
| --- | --- |
| **Name** |  |

|  |  |
| --- | --- |
| **Project name** |  |

**Time spent on the project.**

**1.** Please,estimate the time that you have spent on different project phases. The time estimate, for yourself only, should include meetings with other project members and with users/customers, as well as all the work you did. Provide your estimate in total number of hours per phase.

|  |  |
| --- | --- |
|  | Hours |
| Conceptual design  |  |
| Requirement analysis  |  |
| Prototyping/development |  |
| Evaluation with users |  |
| Report writing |  |
| Planning/meetings and similar |  |

2. I consider this amount of time to be adequate for where I wanted to get with the project (check the box that applies)

|  |
| --- |
|  |

 Strongly agree

|  |
| --- |
|  |

Neutral

|  |
| --- |
|  |

Disagree

3. I consider this amount of time to be adequate in terms of the time I was willing to dedicate to the course (check the box that applies)

|  |
| --- |
|  |

 Strongly agree

|  |
| --- |
|  |

Neutral

|  |
| --- |
|  |

Disagree

**Collaboration with companies/organisations.**

|  |  |
| --- | --- |
| How many meetings have you had with your company/organisation? |  |

1. I consider that working as close as possible with real companies/organizations is important for interaction design education (check the box that applies)

|  |
| --- |
|  |

 Strongly agree

|  |
| --- |
|  |

Neutral

|  |
| --- |
|  |

Disagree

2. What have you learned from the collaboration?

|  |
| --- |
|  |

3. What was difficult with the collaboration?

|  |
| --- |
|  |

4. What would you do differently if you had a chance to do the same project again?

|  |
| --- |
|  |