

Group Name: \_\_\_\_\_

Group Members: \_\_\_\_\_

<b>Room Component</b>		<b>Points</b>
How accurate are the wall measurements?	10	
How accurate are the floor measurements?	10	
How accurate are the window measurements?	5	
How accurate are the furniture measurements?	20	
How creative was your design?	17	
How good was your wall coloring?	10	
Did you bring in your own materials?	3	
Did you use wall decorations (print-outs or other)?	10	
How well did your group work and clean up together?	15	
	<b>Subtotal</b>	
	<b>Teacher Rating Factor</b>	<b>Total</b>

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