Submission #: ____________________________________________
This submission number should match the one for Phase 1 for this same software evaluation.

Submitted by: ___________________________ Title: ___________________________

Email address: ___________________________ Phone#: ______________________

Organization: ___________________________ ____________________________

Software Title & Version: ________________________________________________

Please rate the software according to the assessment checklist provided.

- Strongly Disagree - SD
- Disagree - D
- Neutral - N
- Agree - A
- Strongly Agree - SA
- Not Applicable - NA

In the Comments section, please provide additional information that you feel is relevant to the evaluation process.

**Section D - User Interface**

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<tbody>
<tr>
<td>The design is user friendly</td>
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<td>The text is clear and easy to read</td>
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<td>The software is logically organized</td>
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<td>Navigation is clear and consistent</td>
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<tr>
<td>Navigation is user controlled</td>
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<td>Both mouse and keyboard are used for navigation</td>
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<td>The screen is uncluttered</td>
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<td>The on screen directions are easy to follow</td>
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<td>Little help required to work independently</td>
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<td>The pace &amp; speed are user controlled</td>
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</tbody>
</table>
Section E - Multimedia

Graphics & sound are well used
Graphics are not outdated
Graphics are not distracting
Audio is not distracting

Section F - Management

The sound can be turned on/off
The user level can be set individually (e.g. beginner, advanced)
The user may exit from any screen
The user has the ability to save
The user may continue from previous session
The user has the ability to print
The software provides feedback to the user
Comments

Section A - Educational Value:

Section B - Content:

Section C - Documentation and Support Material:

Section D - User Interface:
Section E - Multimedia:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Section F - Management:

________________________________________________________________________
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________________________________________________________________________
Summary

Is this program suitable for the Prince Edward Island Department of Education?

_______YES  _______NO

If YES, please summarize the strengths of this program and briefly explain how it can be integrated into the PEI education system.

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If NO, please summarize why this decision has been made.

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