

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Class: \_\_\_\_\_

## Design Plan Sheet

Design Plan #	Material(s)	What will your procedure be?	Sketch	PI Feedback
Practice Round 1				
Practice Round 2				

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Class: \_\_\_\_\_

Tortoise Habitat 3				
Tortoise Habitat 4				