Design feedback form

DESIGN FEEDBACK

Project: _____

Version: v____ Sent: _____ Reply by: _____

1. Does this do the job it was briefed to do?
   - ☐ Yes, proceed
   - ☐ Yes, with the changes below
   - ☐ Not yet — see below

2. What works? (Genuinely useful — it tells us what not to lose.)

   _____

   _____

3. What needs to change?
   For each point: where it is, what is wrong, and what "right" would look like, if you know.

   1) _____
   2) _____
   3) _____

4. Is every fact correct? Please check specifically:
   - ☐ Names and job titles
   - ☐ Prices, dates, times
   - ☐ Phone, web, address
   - ☐ Legal or required text

5. Anything missing that you expected to see?

   _____

6. Who else has to see this before we proceed?
   Name: _____ By when: _____

7. Your decision on this version:
   - ☐ APPROVED — the version named above, go ahead
   - ☐ CHANGES — the points above, then send the next version