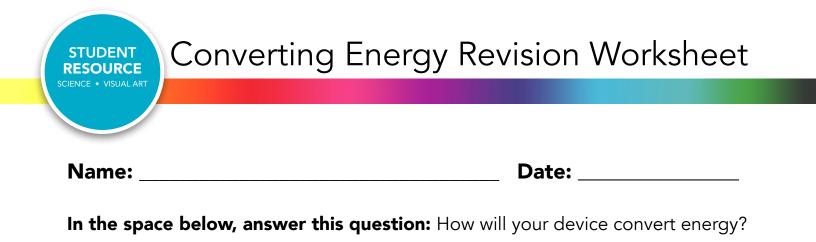


Name: _____

Date: _____

In the space below design four different prototypes for devices that can convert energy from one form to another.

List Supplies Needed	Quantity Needed



Revision Worksheet		
Name:	Date:	
Now that you've tested	d your device, what changes did your peers suggest?	
What parts of your desi	ign are successful?	
What parts of your desi	ign need to be revised or changed?	
How will you know whe	en your revised design is successful?	