Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hour: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brand X Assessment – To Do List**

**Day One**

\_\_\_\_\_\_ Select jobs and record the name of the individual responsible for each job:

|  |  |
| --- | --- |
| ***Job*** | ***Name of Student*** |
| *Project Manager* |  |
| *Senior Research Scientist* |  |
| *Supply Manager*  |  |
| *Official Data Collector* |  |

\_\_\_\_\_\_\_ As a group, decide on the product you would like to test; ASK TEACHER FOR PERMISSION BEFORE CHECKING OFF THIS TASK

**Product:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_ Decide on who will purchase one name brand sample of your product and one generic sample of your product (whoever purchases, please bring products Monday)

\_\_\_\_\_\_ Work together to record some notes related to the questions in the **Background Information/Brainstorming** section of your notebooks

Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hour: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brand X Assessment – To Do List**

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