



Office of Technology Commercialization

Technology Evaluation Questionnaire

The following questionnaire is designed to identify strengths and weaknesses of your technology to assist our office in determining its potential for commercialization. The goal of this questionnaire is for our office to become as familiar with your technology from a commercialization standpoint as we possibly can. The answers you provide to the following questions will allow us to identify the best licensing strategies for your technology. Please complete the following questions with as much detail as possible. One word answers do not provide enough information for us to make an informed decision on the commercialization potential of your technology. *(Note: use as much space as needed, and attach any supporting documentation you feel is necessary).*

Inventor(s) name(s): _____

Invention title: _____

Please describe your PRODUCT in a non-technical manner

Commercialization Information

Please fill out this form as accurately and completely as possible

I. Development Status (please check all that apply)

A) I currently have:

- | | |
|---|---|
| <input type="checkbox"/> Idea Only | |
| <input type="checkbox"/> Rough sketches and/or diagrams | Enclosed <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> Finished, Working Drawings | Enclosed <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> Photographs | Enclosed <input type="checkbox"/> yes <input type="checkbox"/> no |

B) Prototype Availability:

- No Prototype
- Functional Model or Prototype
- Market-Ready Prototype

C) Design Modifications:

What additional changes in the design have you considered?

II. Product Testing (please check all that apply)

Testing which has already been conducted includes:

No Testing performed

Functional Testing (does it work as intended?)

Conducted by Self Independent Agency

User Testing (User understands and can use product with ease)

Conducted by Self Independent Agency

Market Testing (User reaction)

Conducted by Self Independent Agency

Product Safety Testing

Conducted by Self Independent Agency

III. Market Assessment

Please be as complete and detailed as possible as this information is extremely important

A) Current Competition - Please list existing products or processes that fill a similar purpose.

B) What problem(s) does your technology solve?

C) Competitive Advantages - Why is your product better than existing products or processes? Please numerically rank these by order of importance.

D) What particular features of the invention are unusual AND how do they differ from present technology(ies)?

E) Does the invention possess disadvantages or have limitations? Can they be overcome? How?

F) Projected Market - Who will use this product or service? Include any demographic or lifestyle attributes. Please numerically rank these by order of importance.

Major Users:

G) If not indicated previously, are there other uses that might be realized in the future?

H) How long has this product been in development?

I) What companies do you believe would be interested in commercializing the invention?

J) Have you worked with/been approached by any companies regarding the invention?

K) Previous Marketing Efforts - If a previous attempt has been made to sell your product, please supply the following information (include complete results).

Dates(s) of marketing effort: _____

Number sold: _____

Selling price: _____

Manufactured by: _____

Reason for discontinuing marketing effort. (*Please list reasons in order of importance*)

1) _____

2) _____

3) _____

L) Previous Agreements – I have entered into prior agreements relative to this project with:

Individuals/Orgs.	Purpose	Date	Still in Effect?

V. Product Cost

Estimated Product Costs:

Materials (per unit): _____

Date of Estimate: _____ Source: _____

Labor (per unit): _____

Date of Estimate: _____ Source: _____

Manufacturing Equipment (dies, molds, etc.): _____

Date of Estimate: _____ Source: _____

(If additional space is needed, please use a separate sheet)

___ I have insufficient information on competitive sourcing/manufacturing costs

VI. Customer Acceptance (please check all that apply)

I have planned for, or developed:

___ Product visual appearance

___ User instructions

___ Packaging Design for:

___ Protection

___ Display

___ Shipping

Marketing Collateral

None of the Above