

Quick Peer Evaluation Form

Name _____ Class Period _____ Date _____

Write the names of your group members in the numbered boxes. Then, assign yourself a value for each listed attribute. Finally, do the same for each of your group members and total all of the values.

Values: 5=Superior 4=Above Average 3=Average 2=Below Average 1=Weak

Attribute	Myself	1.	2.	3.	4.
Participated in group discussions.					
Helped keep the group on task.					
Contributed useful ideas.					
How much work was done.					
Quality of completed work					
Totals					

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Group Self Evaluation Checklist

Name _____ Class Period _____ Date _____

Topic of Study _____ Group Members' Names _____

As a team, decide which answer best suits the way your team worked together. Then, complete the remaining sentences.

We finished our task on time, and we did a good job!	<input type="checkbox"/> YES <input type="checkbox"/> NO
We encouraged each other and we cooperated with each other.	<input type="checkbox"/> YES <input type="checkbox"/> NO
We used quiet voices in our communications.	<input type="checkbox"/> YES <input type="checkbox"/> NO
We each shared our ideas, then listened and valued each other's ideas.	<input type="checkbox"/> YES <input type="checkbox"/> NO
We did best at	
Next time we could improve at	

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