

Name \_\_\_\_\_

Period \_\_\_\_\_

Peer and Self Evaluation Form

**Please fill out the following table using the rankings below. Descriptions for each category are listed below the table.**

**Rating scale: 1 = Unsatisfactory; 2 = Poor; 3 = Average; 4 = Good; 5 = Exceptional**

<b>Group Member Names</b> ( <i>including your own</i> )					
QUALITY OF WORK					
TEAMWORK					
MAINTAIN GROUP ROLE					
INITIATIVE					
COMMUNICATION					
TIME MANAGEMENT					
<b>OVERALL CONTRIBUTION (TOTAL OF ABOVE SCORES)</b>					

**PLEASE SHARE ANY ADDITIONAL COMMENTS AND/OR RECOMMENDATIONS:**