

IM 3 Medication Presentation Group Assessment Form

Please use this sheet of paper to assess your assigned group. You do not need to put your name on this sheet. Please state your group topic. If a member of your group did not participate despite fervent efforts to include them, please reflect the information below. If two or more members of a group state an individual did not participate, 10% will be deducted from the Medication Presentation.

Group Topic:

Did your group work well together?

Did your entire assigned group participate?

Was this a good learning experience?