Peer Evaluation Form

Evaluator Name: _____

Keep in mind that if you award high scores to everyone, regardless of their contribution, team members who have worked hard and provided extraordinary leadership will go unrecognized, as will those at the other end of the scale who need your objective feedback.

Grading Scale	*0. Never*	*1. Rarely*	*2. Sometimes*	*3. Always*

CRITERIA

Commitment to Project/Team:

- Attends all meetings in person or electronically (ex. Facetime, Teams, Zoom)
- Ready to work
- On time or early

Initial meeting Date: _____

- Discussed roles & assignments

Midway Check-In Date: _____

- Contributed ideas & provided feedback
- Follow-up on ideas

Final Meeting Date: _____

- Reviewed & made revisions
- Rehearsed
- Met during Week of presentation

Group Member Name:	0	1	2	3
Group Member Name:	0	1	2	3

Leadership & Responsibility:

- Accepts work and gets tasks done on time
- Does fair share of work
- Makes suggestions

Group Member Name:	0	1	2	3
Group Member Name:	0	1	2	3

Teamwork & Communication:

- Available for communication
- Communicates clearly when speaking & in writing
- Shows respect to all partners & gives positive feedback

Group Member Name:	0	1	2	3
Group Member Name:	0	1	2	3