

N442 Self & Peer Evaluation Form for Student Participation in Group Work

This evaluation form is to be completed by each N442 student who has worked each group project (Community Assessment, Legacy Project). This form must be submitted to the edvance360 dropbox designated for that assignment evaluation.

(Every group member grade for the corresponding assignment will not be released until this form has been completed, and submitted evaluating all group members, including yourself and submitted by ALL group members individually).

These remain confidential. A lack of participation as evidenced by your group members on evaluations could result in a lower grade than the rest of your group members.

Directions: Write the name of each student member () of your group in the appropriate column area titled "Group Members." Using the group participation rating scale indicated below, evaluate the participation of each member of your group by writing a number in the appropriate category columns.

Be sure to evaluate your own participation. (Comments required for score less than 3)

Self & Group Participation Rating Scale: 4 = Superior, 3 = Good, 2 = Fair, 1 = Poor

Name of Assignment: Legacy

Group Members Include Yourself	Amount of Work Contributed	Available & on time for meetings. Submitted work, and communicated in a respectful and timely manner	Cooperation	Quality of Work Contributed
1. Kylie Cox	4	4	4	4
2. Abby E	4	4	4	4
3. Abby M	4	4	4	4
4. Sydney H	4	4	4	4
5. Tahija M	4	4	4	4
6. Talia L	4	4	4	4
7.				

Comments:

Form completed by: Kylie Cox

Date: 3/22

Lakeview College of Nursing
N 442 Community Health in Nursing

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Legacy Service Project Organization Contact Form

Make a copy for yourself and one for your instructor & upload as an attachment to your journal for your legacy project

Each group member will need their OWN form.

Organization name: The Mattoon Haven

Organization contact made on: March 4

POC for the Organization (name, phone, e-mail): Jason Dunhamell

Clinical Date: March 8, 2020 (5-8 pm)

This form is to verify that the student has contacted a community organization regarding their service legacy project as required for the course. If you have any questions, please feel free to call the above number.

Date(s) of service: March 8, 2020 (5-830pm)
March 12, 2020 (5-830pm)

Student Name: March 16, 2020 (10-12pm)
Kylie Cox

Person Verifying Hours (Name & number): William McGinn 217-234-7237

Total number of hours completed: 9

William McGinn 3 8 2020
Signature and date(s) of leader or other responsible person /Phone Number