

Peer Evaluation Form

Team Title: _____

Evaluator: _____

Evaluation Date: _____.

Ratings (0-4):

4 = excellent (A), 3 = good (B), 2 = fair (c), 1 = poor (D), 0 = completely failed

Evaluation Categories:

1. Meetings attendance. and timeliness (e.g., delivers work when promised).
2. Participation (e.g., contributes ideas, direction and takes responsibility).
3. Quality of personal deliverables (e.g., above average, average, sloppy, sloppy and no work).
4. Initiative (e.g., offers ideas and takes action, tries to solve problems, researches alternatives).
5. Responsiveness (e.g., to emails, phone calls and personal communications and deadlines).

List the names of each member including yourself (first). Fill in the table with your ratings (0-4) and do not fail to include yourself (it will not be averaged into your own score):

Category Number	Name (evaluator):	2-Name:	3-Name:	4-Name:
1.				
2.				
3.				
4.				
5.				

Category Number	5-Name:	6-Name:	7-Name:	8-Name:
1.				
2.				
3.				
4.				
5.				