Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peer Evaluation**

1. Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what level of seriousness did they take this activity?

Not Very Serious Very Serious

0 1 2 3 4

Did they make a significant contribution to the brainstorming process?

No Yes

0 1 2 3 4

Did they make a significant contribution to preparing for the activity?

No Yes

0 1 2 3 4

What was the level of their participation in the activity/activities?

No Yes

0 1 2 3 4

Would you want to work with this person in a group again based on their level of productivity?

No Yes

0 1 2 3 4

Total Score\_\_\_\_\_\_\_

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