

GROUP WORK Peer Evaluation FORM

Your Name _____ Partners Name _____

Criteria: 4-consistently
3- most of the time
2-occasionally
1-seldom

Circle appropriate grade using the grading criteria above.

4	3	2	1	Worked collaboratively on all parts of the assignment.
4	3	2	1	Used group time wisely and remained focused.
4	3	2	1	Respectful and polite to all group members.
4	3	2	1	Addressed any conflict in the group positively.
4	3	2	1	Offered suggestions for improvement on task.

Additional Comments:

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