**Peer Evaluation Form for Off Week Group Assignment**

**Due at the same time as the Assignment**

*This encompasses work effort for the Off Week Group Assignment. Please provide an explanation in the Notes column if the work effort was unequal in planning, discussing and completing the out of class Off Week Group Assignment.*

*To be eligible for full credit for this Peer Evaluation, you must write the Name of the Assignment on the form below and write/explain your OWN specific contributions in the Notes Column below.*

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write your group members’ names on the left column, then check where you think they fall on the scale. Please also include a rating of yourself (write your name in the top row of name slots). Your grade may be influenced by your peer evaluations. Your evaluations of others will only be seen by your instructor(s).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Evaluation Criteria | 0 (group member did not contribute at all to the assignment) | 1 (group member barely contributed to the assignment | 2 (group member contributed very little to the assignment) | 3 (group member contributed enough to the assignment) | 4 (group member was a key contributor to the assignment) | 5 (group member was a leader in the assignment) | Any extra notes about other group member(s)? |
| Yourself - Name: |   |   |   |   |   |  |  |
| Group Member’s Name:  |  |   |   |   |   |  |  |
| Group Member’s Name:  |   |   |   |   |   |  |  |
| Group Member’s Name:  |  |   |   |   |   |  |  |
| Group Member’s Name:  |   |   |   |   |   |  |  |