

Quick Peer Evaluation Form

Name _____ Class Period _____ Date _____

Write the names of your group members in the numbered boxes. Then, assign yourself a value listed attribute. Finally, do the same for each of your group members and total all of the values.

Values: 5=Superior 4=Above Average 3=Average 2=Below Average 1=Weak

Attribute	Myself	1.	2.	3.	4.
Participated in group discussions.					
Helped keep the group on task.					
Contributed useful ideas.					
How much work was done.					
Quality of completed work.					
Totals					

Group Self Evaluation Checklist

Name _____ Class Period _____ Date _____

Topic of Study _____ Group Members' Names _____

As a team, decide which answer best suits the way your team worked together. Then, complete sentences.

We finished our task on time, and we did a good job!

☐ YES ☐ NO

We encouraged each other and we cooperated with each other.

☐ YES ☐ NO

We used quiet voices in our communications.

☐ YES ☐ NO

We each shared our ideas, then listened and valued each other's ideas.

☐ YES ☐ NO

We did best at

Next time we could improve at

Sample Peer Evaluation Form For Nurses

N Noddings



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