

Name: _____ Team Number: _____ Section Number: _____

1. How well do you feel your team is working together ? (circle one)

Disfunctional Marginal Somewhat Functional Fully Functional High Performance

2. Please evaluate the balance on your team: _

	Team Member	Contribution (%)			
		Planning / Organization	Knowledge/ Expertise(%)	Hard work (%)	Teaming Skills (%)
1					
2					
3					
4					
	Total:	100%	100%	100%	100%

This form will be submitted periodically throughout the semester. The peer evaluation percentages will be used in calculating the grades for team assignments. It is essential that you complete this form **honestly** and **in private**. When completed, this form should be folded ONCE and placed in your TA’s mailbox (outside Dillman 112). The evaluation will be valid until another peer evaluation is completed.

As an individual, you are to evaluate your contribution and your team members’ contribution to the team. This evaluation includes, but is not limited to: class assignments, team projects/assignments, attending/participating in team meetings, task completion, role rotation.

Team Grading Guidelines: (Your team grade may be adjusted based on the following)

- 60% of your grade on team assignments is the “grade” received by the team.
- 40% of your grade on team assignments is the average of the peer and self reported contributions along with the instructor’s evaluation. This form needs to be turned in in order to get the 40% part.

Comments: (use other side if needed)