Consolidated Peer Evaluation Form

Instructions:

1. This evaluation form must be accomplished by the group members after an ***open deliberation*** conducted among the group members, with every member in attendance and concurring with the results.
2. Under the first column, write down the names, ***in alphabetical order by family name***, of all the group members.
3. For each group member, write down, under the columns **C1** through **C5**, the ***objective evaluation*** of the member, for each of the indicated criteria, using the specified numeric rating scale. Write down the total evaluation (i.e., the ***sum*** of **C1** through **C5**) for the member under the **T** column.
4. For each group member, write down, under the **Remarks** column, a ***concise phrase*** that best describes the ***“value”*** of the member to the group. In recognition of each member’s individuality, each and every group member ***must*** be provided with a ***unique*** remark.
5. In the space provided, write down the names of the group members and affix each member’s signature.
6. Cut the form along the indicated dotted line and ***submit the bottom portion only***.

Criteria:

1. [C1] attends scheduled group activities regularly and on time, and makes effective use of the activity period
2. [C2] actively participates in group discussions, planning, and decision making, and takes responsibility for a “fair share” of the group’s workload
3. [C3] completes assigned tasks and delivers quality output in a timely manner
4. [C4] communicates effectively and democratically with group mates
5. [C5] collaborates with group mates on group tasks, and works independently on individual assignments

Rating Scale:

**5** –Excellent **4** –Very Satisfactory **3** –Satisfactory **2** –Barely Satisfactory **1** –Unsatisfactory **0** –No Rating



----------------------------------------------------------- cut along this line -----------------------------------------------------------

**Consolidated Peer Evaluation Form**

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| **Class Code:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |
| **Schedule:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
| Names of Group Members | |  | Criteria | | |  |  |  |
| (family name first, | |  |  |  |  |  | T |  |
| C1 | C2 | C3 | C4 | C5 |  |
| In alphabetical order) | |  |  |
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***We, the undersigned, attest to the objectivity of the foregoing evaluations.***

**Evaluators:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(signatures over printed names/date signed)**

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**(signatures over printed names/date signed)**