**Peer Review Evaluation Form**

**Module Code**: XBCAD7319/XBCAD7329  
**Group Name**: [Provide Group Name]  
**Evaluator's Name**: [Provide Your Name]

**Instructions**

For each member (excluding yourself), rate their performance in the listed criteria on a scale of 1 (Poor) to 5 (Excellent). Add comments where necessary.

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| --- | --- | --- | --- | --- | --- |
| Criteria | Member 1 Name | Member 2 Name | Member 3 Name | Member 4 Name | Member 5 Name |
| Contribution to the Teams Work (1-5) |  |  |  |  |  |
| Comments |  |  |  |  |  |
| Team Collaboration and Communication (1-5) |  |  |  |  |  |
| Comments |  |  |  |  |  |
| Adherence to deadlines (1-5) |  |  |  |  |  |
| Initiative and Problem-Solving (1-5) |  |  |  |  |  |
| Comments |  |  |  |  |  |

**Overall Feedback**

Please provide any additional comments on each member’s overall performance and teamwork:

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