IIE Module Manual XITM6329/d

# PEER EVALUATION

**TEAM NAME/ NUMBER: ……………………………. DATE: …………………………..**

Please rate each of your project team members using the following scale detailed in the assessment criteria descriptions provided. Marks received from each member of the team will be added up and then averaged. Each team member must have a separate evaluation form completed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of student being evaluated: | | Never | Seldom | Frequently | Always |
|  | | **0** | **1** | **2** | **3** |
| **The student’s personal work** | |  |  |  |  |
| 1. | He/ she contributed good ideas that added value to the project. |  |  |  |  |
| 2. | He/ she performed his or her tasks in line with what was expected of him/ her. |  |  |  |  |
| 3. | He/ she produced high quality work. |  |  |  |  |
| 4. | He/ she managed his/ her own time well and met deadlines. |  |  |  |  |
| **The student’s work as part of a team (when relevant)** | |  |  |  |  |
| 5. | He/ she accepted responsibility for a fair portion of the tasks. |  |  |  |  |
| 6. | He/ she was an enthusiastic member of my team. |  |  |  |  |
| 7. | He/ she helped others to be successful. |  |  |  |  |
| 8. | He/ she worked well with other members of the team. |  |  |  |  |
| **Sub-totals** | |  |  |  |  |
| **TOTAL: /24** | |  |  |  |  |

**Comments:**

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**NAME: …………………………………… SIGNATURE: ………………………………**

**TEAM NAME/ NUMBER: ……………………………. DATE: …………………………..**

Please rate each of your project team members using the following scale detailed in the assessment criteria descriptions provided. Marks received from each member of the team will be added up and then averaged. Each team member must have a separate evaluation form completed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of student being evaluated: | | Never | Seldom | Frequently | Always |
|  | | **0** | **1** | **2** | **3** |
| **The student’s personal work** | |  |  |  |  |
| 1. | He/ she contributed good ideas that added value to the project. |  |  |  |  |
| 2. | He/ she performed his or her tasks in line with what was expected of him/ her. |  |  |  |  |
| 3. | He/ she produced high quality work. |  |  |  |  |
| 4. | He/ she managed his/ her own time well and met deadlines. |  |  |  |  |
| **The student’s work as part of a team (when relevant)** | |  |  |  |  |
| 5. | He/ she accepted responsibility for a fair portion of the tasks. |  |  |  |  |
| 6. | He/ she was an enthusiastic member of my team. |  |  |  |  |
| 7. | He/ she helped others to be successful. |  |  |  |  |
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| **Sub-totals** | |  |  |  |  |
| **TOTAL: /24** | |  |  |  |  |

**Comments:**

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**………………………**

**NAME: …………………………………… SIGNATURE: ………………………………**

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