

Tutorial Peer Assessment Form

DATE: / /143...

Name Group Number Team Number Member Number

Name:..... Team:..... Member:.....

Assess Overall Quality of Tutorial (organization, visuals, confidence of speaker, etc.)	Wow OK Weak
Assess Information Content (e.g., things that you learned)	Wow OK Weak
List at least one question you have	

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Assessor's Name:_____ Signature:_____

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