

Name of Person  
you are assessing: \_\_\_\_\_

Your Name: \_\_\_\_\_

### Group Project Preliminary Individual Evaluations

**Directions:** For each category below, please rate your group member on the following scale:

Strongly Agree=5  
Agree=4  
Somewhat Agree=3  
Disagree=2  
Strongly Disagree=1  
Never contributed=0

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1. This person does not miss group meetings.	5	4	3	2	1	0
2. This person finishes all jobs assigned by the group on time.	5	4	3	2	1	0
3. This person listens well to other group members' ideas.	5	4	3	2	1	0
4. This person contributes to group discussions.	5	4	3	2	1	0
5. This person does not dominate the group discussion.	5	4	3	2	1	0
6. This person presents logical and well-thought out arguments.	5	4	3	2	1	0
7. This person asks thought provoking questions.	5	4	3	2	1	0
8. This person offers constructive criticism of others ideas and/or work.	5	4	3	2	1	0
9. This person communicates ideas clearly.	5	4	3	2	1	0
10. This person helps identify ways for the group to function better.	5	4	3	2	1	0

Please circle an overall rating of this person

Excellent - exceeds expectations

Good - meets expectations

OK - improvement needed in key areas

Major improvement needed

Describe ways in which this individual most helped your group's learning.

Describe ways in which a change in this person's behavior would improve your group's learning.