LEARNING TEAM EVALUATION FORM

NOTE: This form is to be completed by each team member in confidence. The instructor should also maintain confidentiality.

Date: _____ Cohort: _____

EVALUATION SCALE

5 – EXCELLENT **4 – GOOD** **3 – SATISFACTORY** **2 – FAIR** **1- POOR**

Please use the scale above to record the most appropriate number for the criteria below that best represents the extent to which each learning team member:

(2) Actively participated in and contributed to the activities of outlining and completing the team project. This includes but is not limited to participating in the initial discussion of launching the project, contributing creative ideas to enhance the project, and staying on task to complete the project.

(3) Prepared materials as assigned and in a timely manner.

(4) Participated in a positive manner with other team members while displaying a cooperative team spirit and providing support to ensure their success.

(5) Participated in class with all responsibilities fulfilled in regard to learning team activities/project.

(6) How would you evaluate the overall contribution of each team member?

	(1)	(2)	(3)	(4)	(5)	(6)
	Name	Actively Participated in and Contributed to Learning Team Activities	Prepared Materials	Demonstrated Voluntary Cooperation	Fulfilled Responsibility in Class	Overall Evaluation
1.						
2.						
3.						
4.						
5.						
Your name:						

Criteria	Add any comments you may have regarding the evaluations in the appropriate section.
2	
3	
4	
5	
6	

(These forms should be collected by the instructor and used in student evaluations.)

June 2010