Group Name (i.e. A, B, C, etc):

Individual Reviewer:

For each question assign a number that corresponds to the performance of yourself and your fellow group members. 0 = Not at all; 5= Absolutely/ Fabulous

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name** | Attended all scheduled  | Met agreed-upon deadlines | Communicated clearly and constructively | Produced high quality work products | I would like to work with this person again |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please use the field below to provide your rationale for the rankings provided for each member of your group. This rationale is a synopsis of your experience with that person that would provide insight into your rankings.

Open-ended comments: