



## 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: \_\_\_\_\_

Team Name: \_\_\_\_\_

### EVALUATION SCALE

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

Please use the above scale to record the most appropriate number (1=Poor through 5=Excellent) for criteria (2 through 6) below that best evaluates 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 regards to learning team activities/project.
- (6) How would you evaluate the overall contribution of each team member?

\* For item (1), list the name of each team participant and your name as indicated. Be sure to evaluate yourself.

	(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	COMMENTS
	<i>(Note the corresponding criterion item number to the above)</i> (Below, outline any comments you may have with regards to the above evaluation of listed member(s).)
2	
3	
4	
5	
6	