# LEARNING TEAM EVALUATION FORM

**Instructions:** During the last class of the course, use this form to rate each member of your Collaborative Learning Team and give the form to the faculty member.

Course Number: _____ Faculty Member's Name: _____

Team Name: _____ Team Member's Name: _____

Rate each person on your team (including yourself) on the criteria indicated, using a scale of 1 to 5, with 1 being poor and 5 being excellent and indicate activities you personally performed.

Criteria: 1 2 3 4 5
Poor Excellent

| **Team Member Names** | | | | | |
|---|---|---|---|---|---|
| Quality of work submitted, completeness, carefulness, depth of thinking | | | | | |
| Amount of work and effort | | | | | |
| Resourcefulness, innovation, imagination in problem-solving | | | | | |
| Leadership in organizing and motivating team members | | | | | |
| Cooperation, dependability, willingness to help, meeting deadlines | | | | | |
| Attendance at meetings | | | | | |
| Average Rating | | | | | |

Activities performed: _____

_____

_____**Signature**