

LEARNING TEAM EVALUATION

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

Team Name: _____

[1] Names	[2] Attended Planning Sessions	[3] Prepared Materials	[4] Demonstrated Voluntary Cooperation	[5] Fulfilled Responsibility In Class	[6] Overall Evaluation
1.					
2.					
3.					
4.					
5.					
Your Name					

0 = Lowest Evaluation

5 = Highest Evaluation

1. List names of each team participant and your name, as indicated. Be sure to evaluate yourself.
2. Scale 0 to 5 – To what extent did each member of the team attend the learning team sessions scheduled?
3. Scale 0 to 5 – Did each team member prepare materials as assigned?
4. Scale 0 to 5 - Did each team member participate in a positive manner with other team members?
5. Scale 0 to 5 – Did each team member participate in class with all responsibilities fulfilled?
6. Scale 0 to 5 – How would you rate the overall evaluation contribution of each team member?

(Completed forms should be collected by the faculty member and used in student evaluations.)