

Senior Design Group Peer Evaluation

Group Number: _____

Evaluator's Name: _____, Signature: _____

This form is to be completed by each individual group member privately and without consultation with the other members of the group. Return this form to the course instructor by folding and sealing.

Group Member Number 1: _____

Group Member Number 2: _____

Group Member Number 3: _____

Group Member Number 4: _____

Group Member Number 5: _____

Questions: For each question answer for each group member.

1.) What was the percent total effort on the project by each group member?

Member 1: _____, 2: _____, 3: _____, 4: _____, 5: _____.

2.) Was the communication with each member adequate? (Yes/No)

Member 1: _____, 2: _____, 3: _____, 4: _____, 5: _____.

3.) Did each member participate appropriately? (Yes/No)

Member 1: _____, 2: _____, 3: _____, 4: _____, 5: _____.

4.) Do you feel that a group member deliberately did not contribute enough? (Yes/No)

Member 1: _____, 2: _____, 3: _____, 4: _____, 5: _____.

5.) Do you feel each member deserves the same grade as the group? (Yes/No)

Member 1: _____, 2: _____, 3: _____, 4: _____, 5: _____.

6.) What grade do you feel each group member deserves?

Member 1: _____, 2: _____, 3: _____, 4: _____, 5: _____.

7.) Is there anything you want the instructor to know before the grades are assigned?