

CSC 309 Peer Reviews

Your Name: _____

Your Team: _____

Rate the performance of your fellow team members using an A to F scale in each of the following areas:

- *Meeting Attendance* -- The team member attends meetings.
- *Communication* -- The team member participates well in meetings and otherwise communicates effectively.
- *Timeliness of Work* -- The team member completes work on time, particularly work on which you rely.
- *Quality of Work* -- The team member produces quality work.
- *Cooperativeness* -- The team member is a good "team player", willing to compromise when necessary, willing to contribute to the project as a whole.
- *Leadership* -- For the team leader, rate how well the leadership duties were performed.
- *Overall Rating* -- Overall rating of the team member.
- *Other Comments* -- Any other comments you would like to make about the team member.

Fill in the appropriate number of the following reviews, based on your team size. The first review is for the team leader, with an extra item for leadership skills. If you are the leader, circle "*Other Member Name*" in the first review, and rate that person there; i.e., do not evaluate yourself as leader.

Bring this completed review form to the final exam.

Leader Name: _____

(or Other Member name, if you're the leader)

Meeting Attendance: _____

Communication: _____

Timeliness of Work: _____

Quality of Work: _____

Cooperativeness: _____

Leadership: _____

Overall Rating: _____

Other Comments:

Member Name: _____

Meeting Attendance: _____

Communication: _____

Timeliness of Work: _____

Quality of Work: _____

Cooperativeness: _____

Overall Rating: _____

Other Comments:

Member Name: _____

Meeting Attendance: _____

Communication: _____

Timeliness of Work: _____

Quality of Work: _____

Cooperativeness: _____

Overall Rating: _____

Other Comments:

Member Name: _____

Meeting Attendance: _____

Communication: _____

Timeliness of Work: _____

Quality of Work: _____

Cooperativeness: _____

Overall Rating: _____

Other Comments:

Member Name: _____

Meeting Attendance: _____

Communication: _____

Timeliness of Work: _____

Quality of Work: _____

Cooperativeness: _____

Overall Rating: _____

Other Comments:

Member Name: _____

Meeting Attendance: _____

Communication: _____

Timeliness of Work: _____

Quality of Work: _____

Cooperativeness: _____

Overall Rating: _____

Other Comments: