COMS 463/COMS563: Fall 2003 Peer Evaluation Form

(Each group member <u>must</u> properly complete the following form and submit **confidentially** to the class teacher. Students who have not submitted this form, properly filled-in, will be considered to have their project incomplete.)

Your name:						Your group number:		
For each team member, inclu	ding	g yo	urse	f, ra	te th	ne contribution to the over	all project.	
Team Member Name (All Team members names must be included. Include your name first)	Overall Rating (Circle one number for each member) 1= minimal 5= outstanding					% of the project completed by the team member (Total % of all members together should be 100)	Comments (additional comments may be added on the reverse side)	
(Your name)	1	2	3	4	5			
	1	2	3	4	5			
	1	2	3	4	5			
	1	2	3	4	5			
I						Total % = 100		
Your signature:							date:	