

Peer Evaluation Form

Please print the names of your team members below:

Member 1 – _____ (Your Name)

Member 2 – _____

Member 3 – _____

Member 4 – _____

Member 5 – _____

Member 6 – _____

In the table below, rank the level of participation of each group member for each particular case.

1 – *Absent / No contact*

2 – *Limited Participation / Minor Contact*

3 – *Major Participation / Full Contact*

Group Member						
Case	1	2	3	4	5	6
Shouldice Hospital	_____	_____	_____	_____	_____	_____
EBay Case (optional)	_____	_____	_____	_____	_____	_____
Manzana Insurance	_____	_____	_____	_____	_____	_____
Delta Dental (optional)	_____	_____	_____	_____	_____	_____
Nashville National Bank	_____	_____	_____	_____	_____	_____
Final Project	_____	_____	_____	_____	_____	_____

The total peer evaluation of each group member will be considered when determining the final grade for this course. By signing this form below, you hereby acknowledge that the evaluation provided above is honest and accurate.

Signature: _____

Date: _____