

Self/Peer Evaluation Form Group Project/Presentation

Submitted By (ASU ID Number ONLY please): _____

Please rate your and your teammates' performances for the group project/presentation that started with the simulated crime scene in Lab #10. Note that you are **required** to submit an evaluation for each group member, including yourself. If you do not complete an evaluation for yourself and each of your teammates, you will receive a zero for this portion and each team member will receive a 10 from you.

Ten is high, and zero is low (Circle a number that applies).

Team Member Number 1 Name: _____

Project/Presentation:	High		Low
Team member #1 did an equal share of the work on the project/presentation	10	9 8 7 6 5 4 3 2 1	0

Additional comments:

Team Member Number 2 Name: _____

Project/Presentation:	High		Low
Team member #2 did an equal share of the work on the project/presentation	10	9 8 7 6 5 4 3 2 1	0

Additional comments:

Team Member Number 3 Name: _____

Project/Presentation:	High		Low
Team member #3 did an equal share of the work on the project/presentation	10	9 8 7 6 5 4 3 2 1	0

Additional comments:

Team Member Number 4 Name: _____

Project/Presentation:	High		Low
Team member #4 did an equal share of the work on the project/presentation	10	9 8 7 6 5 4 3 2 1	0

Additional comments: