

GROUP EVALUATION FORM
Learning About Cooperative Learning

Group Name:

Group Members:

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Meeting Date, Time, Place:

Length of Meeting:

Group Members Who Were Present and Their Cooperative Learning “Role:”

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Name three things your group did well when working together.

1. -----
2. -----
3. -----

Name one thing your group could do even better.

1. -----

GROUP EVALUATION FORM (continued)

As a group, identify something each of your group members did that helped the group be effective.

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On a scale of 1 (low) to 10 (high), our group's efforts and accomplishments at this meeting were a ____.

General Comments:

INDIVIDUAL EVALUATION FORM
Learning About Cooperative Learning

Use the following scale to rate yourself on the questions below:

- 5 = Excellent
- 4 = Very Good
- 3 = Good
- 2 = Poor
- 1 = Unsatisfactory

1. My individual pre-meeting preparation was ____.
2. My performance of my “role” for the meeting was ____.
3. My contributions to my group’s success were ____.

General Comments:

