

Project Peer and Self Assessment

Advisor: _____

Group ID: _____

This assessment is a required component of the project. Failure to turn this in by noon on Friday, 22 August **will result in an automatic 20 point deduction in your final project score.**

Please complete the table below to indicate the level of participation by each group member. Enter the name of each group member, **putting your name first**. For each group member, **including yourself**, put an “X” in the column that best describes the person’s contribution to the assignment.

For any group members that you indicated “Did some but little work on the assignment” or “Did not participate in any meaningful way”, please describe the situation under the Other Comments section.

If you have any general comments relating to the project (things that you liked, disliked, ideas for improvement, etc.) please add them below under the Other Comments section.

Your Name	Was a major contributor to the project	Did an average amount of work on the project	Did some but little work on the project	Did not participate in any meaningful way
Other members names				

Please answer the following (**required**): How do you think your other group members will evaluate your contribution and performance with respect to your project. Please explain.

Other Comments (may continue on back):