

**DEPARTMENT OF COMMUNITY DENTISTRY
PEER EVALUATION**

COURSE : _____

EVALUATOR: _____

PERIOD: _____

Please rate your groupmates using the scale:

4 **3** **2** **1**

Always - - - - - Sometimes - - - - - Never

- QA My groupmate is present and participates in our activities.
- QB My groupmate takes initiatives in the various activities of our group work.
- QC My groupmate makes substantial contributions in discussions or during our brainstorming sessions.
- QD My groupmate is willing to divide tasks among the group and accomplishes assigned tasks satisfactorily.
- QE My groupmate conducts herself/himself professionally during our discussions that integrity of our activity cannot be questioned.

Group Name/Number: _____

Name of Groupmate	QA	QB	QC	QD	QE	AVERAGE

Comments:

Evaluator's Signature: _____

Date: _____