

Peer Evaluation Form

Please take a few moments to complete this form honestly.

Date of Evaluation *

Date

Team *

Team Member Name *

First Name

Last Name

Evaluator (Optional)

First Name

Last Name

Evaluation

Completes tasks on time and accurately *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never

Always

Actively participates in team discussions *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

Communicates clearly and respectfully with peers *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

Provides and accepts constructive feedback *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

Works well and collaborates with team *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

Takes initiative and leads when necessary *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

Produces high-quality work consistently *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

Adapts well to challenges and changes *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

Resolves conflicts professionally and calmly *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

Maintains professionalism and respect in interactions *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Never Always

General Feedback

What are this team member's greatest strengths? *

What areas can this team member improve on? *

Would you recommend working with this team member on future projects? *

☐ Yes ☐ No

Additional Comments