

Peer Assessment Form

Your Name

Peer's Name

Date

Project / Task

Assessment Criteria	Comments / Evidence	Score (1-5)
Collaboration / Teamwork	<input type="text"/>	<input type="text"/>
Quality of Work	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Reliability	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>

Peer's Strengths

Areas for Improvement

