

Planner (to be completed by each member)

Name:

Group Members

Stage (number)	Group Member	Task to be completed by member (please add details)	Time needed to complete

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Name:

Group Assessment Form (*Questions to be rated 1 – 5, 1 being the lowest and 5 being the highest*)

Group Member	Stage Number	How well did they complete their task?	Did they complete the task in the time needed?	How well did they work in the group? (Helpfulness and contribution?)	Total (Add all ratings up)

Self-Assessment

What tasks were you given?

How well did you feel you completed the task? Give a rating reasoning and other comments

Did you complete the task you were given? Give a rating, reasoning and other comments

How do you feel you worked in the group? What skills do you think you still need to work on? Did you learn anything new?