

PEER REVIEW - YOUR OWN GROUP, INCLUDING YOURSELF

(Individual Submission)

GROUP #: _____ **Student ID:** _____

Topic: _____

Participation: includes input in all efforts such as coordination of meetings, group organization, team work, motivation etc.

Materials: Contribution in terms of collecting materials/resources for the paper; **Report writing:** Contribution in report writing/word processing; **Analysis and reflection:** Contribution in terms of analyzing the topic, creating connection among information gathered and preparing reasoning/comments/reviews; **Presentation:** Contribution in presentation preparation

Yourself: Member 1: _____ (ID: _____)

	High	Average	Low	None	Comments
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analysis & reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Member 2: _____ (ID: _____)

	High	Average	Low	None	Comments
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analysis & reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Member 3: _____ (ID: _____)

	High	Average	Low	None	Comments
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analysis & reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Member 4: _____ (ID: _____)

	High	Average	Low	None	Comments
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analysis & reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other comments: _____

PEER REVIEW - COMPETING PAPER

(Group Submission – one submission by the group)

Your group#: _____ Group evaluated: _____

Paper topic: _____

Content and Reflections:

Subject area coverage

high average low

Most important contributions: _____

Key points missing: _____

Sources cited where necessary

Mostly A few places None

Meaningful reasoning/ comments/ reviews presented by the group

high average low

Most interesting/important/notable reasoning/comments/reviews presented: _____

Reasoning/comments/reviews that you contend or oppose: _____

Organization and Presentation:

The article writing in terms of flow and connectedness, understanding, and writing.

Excellently written averagely written poorly written

Reason for your rating: _____

Used illustrations, facts, figures, diagrams, references where necessary

yes somewhat not at all

Reason for your rating: _____

Your questions to the group (to be asked during the presentations)-(at least 2 questions are mandatory)

1. _____

2. _____

3. _____
