

GROUP/TEAM EVALUATION FORM
ACC 324

Team Number _____

Date: _____

Project Name: _____

This evaluation is confidential and will not be released.

Each team member is to complete a separate evaluation form to be turned in to the professor in a sealed envelope (if desired) on the date of your presentation. Please give each member a numeric score for their contribution for their combined effort to the project and presentation. Team members can receive the same score. Use the following as a guide:

- 95-100 Far exceeding expectations
- 90-94 Excellent
- 80-89 Above Average
- 70-79 Average
- 60-69 Below Average
- 0-59 Unacceptable

Numeric Score

Your Name: _____

Comments: _____

Group Member (name): _____

Comments: _____

Group Member (name): _____

Comments: _____

Group Member (name): _____

Comments: _____

Group Member (name): _____

Comments: _____

Feel free to make additional comments on the back.