

Team Member

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Teacher: _____

School: _____

Course: _____

Title of Session/Activity: _____

~~~~~ Team Contact completes above portion~~~~~

~~~~~ Evaluator completes below portion ~~~~~

To the evaluator: Please complete your review as you observe the team session and return it to the Team Contact at the end. *Thank you! (The team is required to relay this original to their advisor before next session.)*

Were all team members present? yes no If no, name(s): _____

Were all team members on time? yes no If no, name(s): _____

| | | | | | | |
|------------------------------------------|---|---|---|---|---|-------------------------|
| Team was prepared | 5 | 4 | 3 | 2 | 1 | unprepared |
| Team members contributed equally | 5 | 4 | 3 | 2 | 1 | session unevenly shared |
| Session included an interactive activity | 5 | 4 | 3 | 2 | 1 | no active learning |
| Enthusiastic response from class | 5 | 4 | 3 | 2 | 1 | unenthusiastic |
| Session was appropriate to class level | 5 | 4 | 3 | 2 | 1 | inappropriate |
| Session was related to course objectives | 5 | 4 | 3 | 2 | 1 | unrelated |

Strength of Session: _____

Areas for Improvement: _____

Comments/Suggestions: _____

For advisor use only: Date Received: _____

Staff Advisor: _____

Date reviewed: _____