|  |  |  |
| --- | --- | --- |
| Student Name: | Student No.: | Date: |
|  |  |  |

**Direction:**

In the space below, please evaluate the work of your team members on a scale of 10 (highest) to 1 (lowest) in relation to the following criteria. Please complete this form, place in a sealed envelope, and submit it to the Box on the entrance counter at the HC general office by the announced date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Team Member Name | Team Member Student No. | Contribution to the Project | Contribution to the Final Report | Does the team member deserve the same final grade as yours? (Circle Yes, or No) |
| **1.** |  |  |  | **Yes****No** |
| **2.** |  |  |  | **Yes****No** |
| **3.**  |  |  |  | **Yes****No** |
| **4.**  |  |  |  | **Yes****No** |
| **Please write comments about the group project and your group members, if any** |