

GROUP/TEAM EVALUATION FORM
ACC 603

Team Number _____

Date: _____

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 during the semester on the exams and presentations. Comments are optional. 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

0-69 Unacceptable

Numeric Score

Your Name: _____

Overall Comments about Team experience

Group Member (name): _____

Comments:

Group Member (name): _____

Comments:

Group Member (name): _____

Comments:

Group Member (name): _____

Comments:
