

Peer Feedback Form

Name: _____ Date: _____

DIRECTIONS: Please rate your group member on the following criteria from 1 to 5. Five is the best and one is the lowest score. Be honest, but kind while you fill this out. Thank you for your participation! Give the form to the presenter. All forms will go back to the teacher at the end of class.

Name of group member: _____

Form filled out by: _____

Date: _____ Class: _____

Information:	Needs Work			Great Job!	
1. Was the presentation full of information?	1	2	3	4	5
2. How well did they do their research?	1	2	3	4	5
3. Was the information relevant to the topic?	1	2	3	4	5
4. Was the information presented in an interesting way?	1	2	3	4	5
5. Was the information important to understanding the topic?	1	2	3	4	5

Presentation:	1	2	3	4	5
1. Was the presentation organized well?	1	2	3	4	5
2. Was the presentation interesting?	1	2	3	4	5
3. Did the presenter have good eye contact?	1	2	3	4	5
4. Did the presenter have a good introduction?	1	2	3	4	5
5. Was the presenter loud enough?	1	2	3	4	5

Overall:
What does the presenter need to work most on before they do their final presentation? List three items.

What did the presenter do best? List three items.

What would you like to know more about from their presentation? List three items to research.
