

# Cooperative Learning Evaluation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Group Number: \_\_\_\_\_

Values:    **3= Excellent**        **2 =Average**        **1 =Needs Improvement**

Attribute	Myself				
Participated in group discussions					
Helped Keep the group on task					
How much work was done					
Quality of work					
<b>Total:</b> (add all boxes)					

1. We finished our tasks on time, we did a good job!     Yes     No

2. We encouraged each other and cooperated:         Yes     No

3. We used quiet voices and followed directions:     Yes     No

4. Anything else you would like to tell me? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_