

WORK-SCHEDULE FORM

Name of Project:

Principal Reader:

Other Readers:

Group Members:

Type of Document Required:

Milestones Deliver Document Proofread Document Send Document to Print Shop Complete Revision Review Draft Elements Assemble Draft Establish Tasks	Responsible Member	Status	Date
Progress Reports Progress Report 3 Progress Report 2 Progress Report 1	Responsible Member	Status	Date
Meetings Meeting 3 Meeting 2 Meeting 1	Agenda	Location	Date

Notes

TEAM-MEMBER EVALUATION FORM

Your name: _____

Title of the project: _____

Date: _____

Instructions

Use this form to evaluate the other members of your group. Write the name of each group member other than yourself in one of the columns, then assign a score of 0 to 10 (0 being the lowest grade, 10 the highest) to each group member for each criterion. Then total the scores for each member. Because each group member has different strengths and weaknesses, the scores you assign will differ. On the back of this sheet, write down any comments you wish to make.

Criteria	Team Members			
1. Regularly attends meetings	1.	1.	1.	1.
2. Is prepared at the meetings	2.	2.	2.	2.
3. Meets deadlines	3.	3.	3.	3.
4. Contributes good ideas in meetings	4.	4.	4.	4.
5. Contributes ideas diplomatically	5.	5.	5.	5.
6. Submits high-quality work	6.	6.	6.	6.
7. Listens to other members	7.	7.	7.	7.
8. Shows respect for other members	8.	8.	8.	8.
9. Helps to reduce conflict	9.	9.	9.	9.
10. Your overall assessment of this person's contribution	10.	10.	10.	10.
Total Points				

SELF-EVALUATION FORM

Your name: _____

Date:

Title of the project:

Instructions

On this form, ~~record and evaluate your own involvement in this project.~~ In the Log section, record the activities you performed as an individual and those you performed as part of the group. For all activities, record the date and the number of hours you spent. In the Evaluation section, write two brief statements: one about aspects of your contribution you think were successful and one about the aspects you want to improve.

Log	Date	Number of Hours
Individual Activities		
Activities as Part of Team	Date	Number of Hours

Evaluation

Aspects of My Participation That Were Successful

Aspects of My Participation That I Want to Improve in the Future