

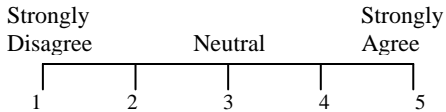
Team Evaluation Form

Your Name: _____

ID Number: _____

Team Name: _____

Circle the number that best represents your assessment of the team's effectiveness or performance in each category. Please use the following scale:



Question	Scale				
<i>The team has a well defined set of goals and objectives.</i>	1	2	3	4	5
<i>All ideas are encouraged and fully explored.</i>	1	2	3	4	5
<i>Contributions of all team members are appropriately acknowledged.</i>	1	2	3	4	5
<i>Team members are able to resolve differences in a professional manner.</i>	1	2	3	4	5
<i>Team member assignments are given to maximize individual learning and mastery of new material.</i>	1	2	3	4	5
<i>The team meets deadlines and schedules.</i>	1	2	3	4	5
<i>Discussions are focused and useful.</i>	1	2	3	4	5
<i>Team meetings are always productive.</i>	1	2	3	4	5
<i>All team members contribute fully to team success.</i>	1	2	3	4	5
<i>Our team is highly productive; we exceed our expectations.</i>	1	2	3	4	5

Use the space below and on the back of this form for any additional comments that you wish to make about the team