Peer Review Form for Students

Student information				
Name:				
Class/Grade:				-
Subject/Project:				
Reviewer Information				
Name:				
Date of Review:				
Criteria for Evaluation				
Evaluation Criteria	Excellent	Good	Needs	Comments
			Improvement	
Understanding of	[]	[]	[]	
Subject				
Presentation Quality	[]	[]	[]	
Creativity in	[]	[]	[]	
Approach				
Peer Interaction	[]	[]	[]	
General Feedback	•			
1. Strengths Obser	ved:			
2. Areas for Improv	ement:			
3. Suggestions:				
Reviewer Signature				
Signature:		D	ate:	