

Peer Assessment Form Online

Assessor Information

Name: _____

Email: _____

Assessment Date: _____

Assessed Peer Information

Name: _____

Position/Role: _____

Assessment Criteria

1. Team Collaboration:

Evaluate the individual's ability to work effectively in a team.

2. Technical Skills:

Provide feedback on the technical proficiency displayed by the peer.

3. Adaptability:

Comment on their flexibility and ability to handle changes or challenges.

Online Feedback Table

Criteria	Rating (1-5)	Comments
Initiative		
Dependability		

Leadership Qualities		
Conflict Resolution		

Overall Comments and Suggestions:

Signature (if applicable): _____

Date: _____