

**Group Work
Parental Participation Plan
Team Assessment**

Name: _____

Partner Name: _____

When you have finished your project, please fill out the information below to help with the group work assessment.

1. How well did you work together?

2. Do you feel that both of your ideas were considered and accepted?

3. How did you communicate with each other? Were they successful?

4. Did you have any problems working together? How did you resolve or overcome them?

5. How did you feel about this assignment? Did it help you to understand the concepts and ideas of the course better? What can be done to improve the assignment?