Group Work In-Class Team Assessment Team Number: _____

Name 1:	 Name 3:

Name 2: _____ Name 4: _____

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 as a team?
- 2. How did your group establish roles & leadership?
- 3. Do you feel that all of your ideas were considered and accepted?
- 4. How did you communicate with each other? Were they successful?

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

6. How did you feel about this assignment? What can be done to improve the assignment?