

\_\_\_\_\_  
Team Member

\_\_\_\_\_  
Team Member

\_\_\_\_\_  
Team Member

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Course: \_\_\_\_\_

Title of Session/Activity: \_\_\_\_\_

~~~~~ Team Contact completes above portion ~~~~~ Teacher completes below ~~~~~

**To the teacher:** Please complete your review as you observe the team session and return it to the Team Contact at the end. *Thank you! (The team is required to relay this original to their advisor before next session.)*

Were all team members present?    yes    no    If no, name(s): \_\_\_\_\_

Were all team members on time?    yes    no    If no, name(s): \_\_\_\_\_

|                                          |   |   |   |   |   |                         |
|------------------------------------------|---|---|---|---|---|-------------------------|
| Team was prepared                        | 5 | 4 | 3 | 2 | 1 | unprepared              |
| Team members contributed equally         | 5 | 4 | 3 | 2 | 1 | session unevenly shared |
| Session included an interactive activity | 5 | 4 | 3 | 2 | 1 | no active learning      |
| Enthusiastic response from class         | 5 | 4 | 3 | 2 | 1 | unenthusiastic          |
| Session was appropriate to class level   | 5 | 4 | 3 | 2 | 1 | inappropriate           |
| Session was related to course objectives | 5 | 4 | 3 | 2 | 1 | unrelated               |

Strength of Session: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_