

Name: _____ Date: _____ Hour: _____ Average: _____ / 5

Group Work Rubric

Score the other members of your group, using the following scale. Keep your score confidential.

- 0 Never did this
- 1 Did this very few times
- 2 Did this some of the time
- 3 Did this often
- 4 Always did this
- 5 Went above and beyond in this area

Person you're scoring: _____

He or she . . .

1. Got right to work each day, without goofing around or taking a lot of time to get going.

0 1 2 3 4 5

2. Had all the needed materials with him/her each day.

0 1 2 3 4 5

3. Was positive, polite, and helpful.

0 1 2 3 4 5

4. Stayed focused on the work, did not get distracted or did not distract me from my work.

0 1 2 3 4 5

5. Did a fair share of the work.

0 1 2 3 4 5

6. Practiced or rehearsed the presentation.

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