Your Name: _____

# Peer Assessment for Design Thinking Project

Students must contribute to the team work to receive full credit for the MD in an Instant project.
Please complete and return to the course instructor for review.
The peer feedback will be shared with each student.

**Instructions**: Complete a form for each team member

Name of Team Member:

Rating Scale:
      5 = always
      4 = mostly
      3 = inconsistently
      2 = mostly does not do this
      1 = almost never does this

|  |  |  |  |  |  |
|---|---|---|---|---|---|
| Arrives on time to meetings | 5 | 4 | 3 | 2 | 1 |
| Comes prepared for meetings | 5 | 4 | 3 | 2 | 1 |
| Participates in team meeting | 5 | 4 | 3 | 2 | 1 |
| Encourages others to participate | 5 | 4 | 3 | 2 | 1 |
| Recognizes and deals with conflict on our team in a positive fashion | 5 | 4 | 3 | 2 | 1 |
| Creates a friendly environment | 5 | 4 | 3 | 2 | 1 |
| Meets deadlines | 5 | 4 | 3 | 2 | 1 |
| Produces high quality work that allows the project work to move forward | 5 | 4 | 3 | 2 | 1 |
| Provides and accepts feedback | 5 | 4 | 3 | 2 | 1 |
| Seeks different points of view | 5 | 4 | 3 | 2 | 1 |

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Comments: