

**BCIS 4660  
TEAM EVALUATION FORMS**

Team # \_\_\_\_\_ Project Number/Name: \_\_\_\_\_

Name of Team Member Making Evaluation: \_\_\_\_\_

**NOTE: STUDENTS MUST COMPLETE BOTH ITEMS INSIDE BOX BELOW.**

Team Member Name (include yourself)	Team Partici- pation (%) EFFORT	Letter Grade QUALITY	Adjust- ments by INSTRUCTOR	ADJUSTED PROJECT GRADE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Total (must equal 100%) 100%

Note: Place an asterisk (\*) by the Team leader's name. While this is highly recommended it is not required (one team leader per project).  
**Rate your team leader on a scale of 1 to 5 where 5 is the highest grade:**

Rating: \_\_\_\_\_/5

**COMMENTS FROM TEAM MEMBERS**

By signing this document, I attest to its truth and validity:

Signed \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ /2007