

Name: _____ Date: _____

Co-operative Group Work Checklist

Assignment or Task: _____

| Element | √ or X |
|---|--------|
| Preparation | |
| 1. I complete the task(s) assigned by the group. | |
| Punctuality | |
| 2. I complete the task(s) on time. | |
| Participation | |
| 3. I actively participate and offer positive feedback during group discussions. | |
| Motivation | |
| 4. I offer positive feedback and encourage others to contribute. | |
| Communication | |
| 5. I understand and can repeat the ideas and opinions of others and can retell them to the group. | |
| Group Reasoning | |
| 6. I provide reasons why my ideas are correct. | |
| 7. I seek ways to build group agreement. | |

How I can improve: _____

