

Assessing Our Group Collaboration Skills

Name _____ Date _____

| Criterion | Comment |
|---|----------------|
| What goals did our group set today? | |
| What goals did our group achieve today? | |
| What information and ideas did each group member contribute to the discussion? How? | |
| How effectively did we complete our tasks? | |
| Did we listen respectfully when others were talking? | |
| Did we encourage everyone to participate? How? | |
| What could we do differently to achieve more? | |
| What goals might we set for the next session? | |