



Student Design Process Peer Assessment

Name of Student/Group: _____

Name of Evaluator: _____

What did the student/group make?

Blank space for describing the student's project.

What success did they have?

Blank space for describing the student's successes.

What problems did they encounter?

Blank space for describing the student's problems.

Were they able to solve these problems? Yes _____ No _____ If "yes, how?"

Blank space for providing details on how problems were solved.

Rate the student/group on the following by putting a "tick mark" in the appropriate space. ("1" = poor, the lowest rating, and "5" = excellent, the highest rating.)

	1	2	3	4	5
1. Aesthetic value of the device	_____	_____	_____	_____	_____
2. Use of recycled materials	_____	_____	_____	_____	_____
3. Effectiveness of the device	_____	_____	_____	_____	_____
4. Presentation and knowledge about the device	_____	_____	_____	_____	_____