**WDD 430 – Full Stack Development
Group Project: Peer Review with Feedback**

**Criteria**

1. **Leadership**:
How well did the group member fulfill the responsibility of team leader if assigned?
2. **Communication**:
How well did the group member express ideas clearly and foster a productive group climate?
3. **Collaboration**:
Was this group member able to respond to conflicts or disagreements in a constructive manner?
4. **Contribution**:
How did their contributions impact the project's overall quality, timeline, or success?
You may want to highlight a specific, significant contribution.
5. **Professionalism**:
How consistently did team members attend project meetings?
How timely was the team member in meeting project deadlines and/or benchmarks?

**Rating Values**: 1 – 5 (1 = Improvement needed to 5 = Excellent)

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| --- | --- | --- |
| Group Member | Criteria | Rating |
| Name: [Insert Your Name]  | **Leadership** | **Rating** (1-5): 0 |
| **Communication** | **Rating** (1-5): 0 |
| **Collaboration** | **Rating** (1-5): 0 |
| **Contribution** | **Rating** (1-5): 0 |
| **Professionalism** | **Rating** (1-5): 0 |
| Feedback: Required |

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| --- | --- | --- |
| Group Member | Criteria | Rating |
| Name: [Insert Group Member Name]  | **Leadership** | **Rating** (1-5): 0 |
| **Communication** | **Rating** (1-5): 0 |
| **Collaboration** | **Rating** (1-5): 0 |
| **Contribution** | **Rating** (1-5): 0 |
| **Professionalism** | **Rating** (1-5): 0 |
| Feedback: Required |

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| --- | --- | --- |
| Group Member | Criteria | Rating |
| Name: [Insert Group Member Name]  | **Leadership** | **Rating** (1-5): 0 |
| **Communication** | **Rating** (1-5): 0 |
| **Collaboration** | **Rating** (1-5): 0 |
| **Contribution** | **Rating** (1-5): 0 |
| **Professionalism** | **Rating** (1-5): 0 |
| Feedback: Required |

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| --- | --- | --- |
| Group Member | Criteria | Rating |
| Name: [Insert Group Member Name]  | **Leadership** | **Rating** (1-5): 0 |
| **Communication** | **Rating** (1-5): 0 |
| **Collaboration** | **Rating** (1-5): 0 |
| **Contribution** | **Rating** (1-5): 0 |
| **Professionalism** | **Rating** (1-5): 0 |
| Feedback: Required |

|  |  |  |
| --- | --- | --- |
| Group Member | Criteria | Rating |
| Name: [Insert Group Member Name]  | **Leadership** | **Rating** (1-5): 0 |
| **Communication** | **Rating** (1-5): 0 |
| **Collaboration** | **Rating** (1-5): 0 |
| **Contribution** | **Rating** (1-5): 0 |
| **Professionalism** | **Rating** (1-5): 0 |
| Feedback: Required |

(add more tables if needed)