



| | |
|-----------------|--|
| NAME | |
| DATE | |
| ACTIVITY | |

Draw around your hand. Ask your award group to write something on each of your fingers for each of the statements.

Contributed to the activity by: (teal box, arrow to index finger)

Achieved: (yellow box, arrow to middle finger)

Did well at: (maroon box, arrow to ring finger)

Got better at: (dark blue box, arrow to thumb)

Helped by: (light green box, arrow to pinky)

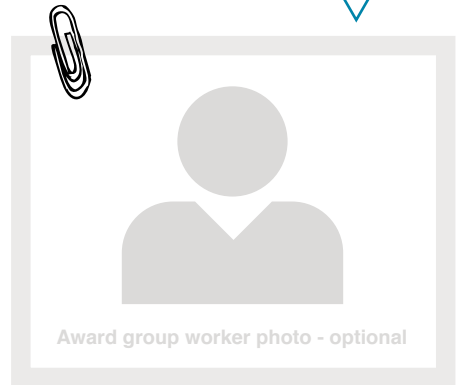




| | |
|-----------------|--|
| NAME | |
| DATE | |
| ACTIVITY | |

Ask your award group worker to write comments on how you did at this activity.

| | |
|-----------------------------------|--|
| NAME OF AWARD GROUP WORKER | |
| SIGNED | |
| DATE | |

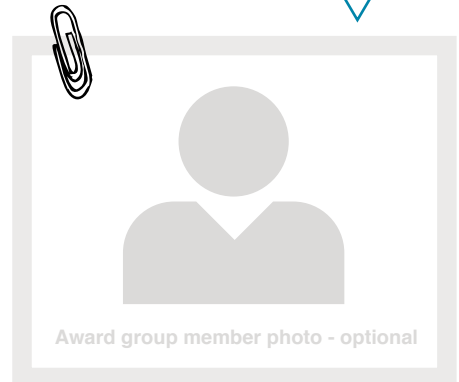




| | |
|-----------------|--|
| NAME | |
| DATE | |
| ACTIVITY | |

Please give this to a member of your award group and ask THEM to record what YOU did and what YOU achieved.

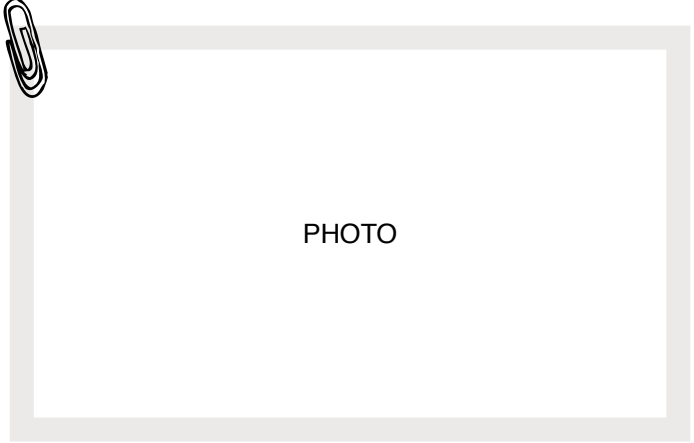
| | |
|-----------------------------------|--|
| NAME OF AWARD GROUP MEMBER | |
| SIGNED | |
| DATE | |



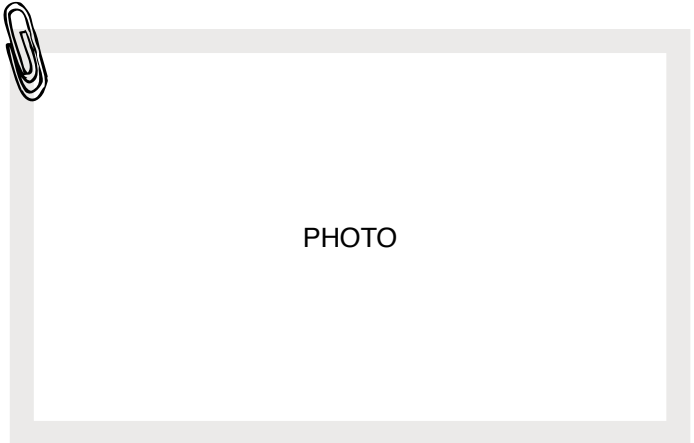


| | |
|-----------------|--|
| NAME | |
| DATE | |
| ACTIVITY | |

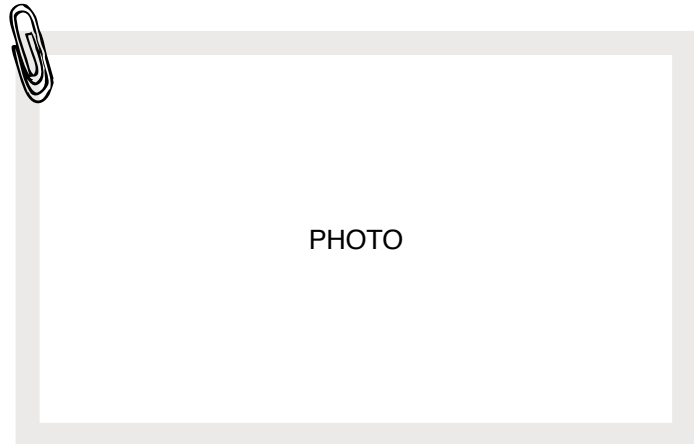
Ask the members of your award group to write their comments on how you did in this activity.



Group Comments



Group Comments





Group Comments





| | |
|-----------------|--|
| NAME | |
| DATE | |
| ACTIVITY | |

Pass this sheet to a member of your award group.
Ask them to evaluate your performance in this activity.

 **Please circle the number that best describes how well they did.** 

1=needs more work, 2=ok, 3=good, 4=very good, 5=excellent, n/a=does not apply

| | | | | | | |
|-----------------------|---|---|---|---|---|-----|
| Planning | 1 | 2 | 3 | 4 | 5 | n/a |
| Organising resources | 1 | 2 | 3 | 4 | 5 | n/a |
| Organising others | 1 | 2 | 3 | 4 | 5 | n/a |
| Involving others | 1 | 2 | 3 | 4 | 5 | n/a |
| Staying on task | 1 | 2 | 3 | 4 | 5 | n/a |
| Verbal communication | 1 | 2 | 3 | 4 | 5 | n/a |
| Written communication | 1 | 2 | 3 | 4 | 5 | n/a |
| Team working | 1 | 2 | 3 | 4 | 5 | n/a |
| Problem solving | 1 | 2 | 3 | 4 | 5 | n/a |
| Prioritising | 1 | 2 | 3 | 4 | 5 | n/a |
| Self-motivation | 1 | 2 | 3 | 4 | 5 | n/a |
| Leadership | 1 | 2 | 3 | 4 | 5 | n/a |
| Decision making | 1 | 2 | 3 | 4 | 5 | n/a |
| Adaptability | 1 | 2 | 3 | 4 | 5 | n/a |
| Negotiation | 1 | 2 | 3 | 4 | 5 | n/a |
| Researching | 1 | 2 | 3 | 4 | 5 | n/a |

Describe one thing they did really well or were really good at:

Describe one thing they need to work on:

Name of the award group member or members who completed your evaluation:





| | |
|-----------------|--|
| NAME | |
| DATE | |
| ACTIVITY | |

- Draw around your hand and pass to your award group.
- Ask each of them to write on one of your fingers.
- Ask them to write about how you contributed to the activity or what you achieved.
- This will help them later to decide on your peer assessment statement.

