

Peer Evaluations

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UFID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number\_\_\_\_

Name of Group member (besides yourself) Grade (0-5)\*

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Grading Rubric

5- Actively and enthusiastically participated in most/all of the Flipped Classroom experiences

3- Participated in some of the exercises or only came to some of the exercises

0- I am not sure who this person is