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