

## Peer Evaluations

Your Name	UFID	Group Number
Name of Group member (besides you	urself)	Grade (0-5)*
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		