

Name:

Date:

Self-assessment for group work

How well did I . . .

	Not at all	Very well
Offer ideas?	_____	_____
Listen to others' ideas?	_____	_____
Value the opinions of others?	_____	_____
Take turns?	_____	_____
Offer to help with difficult tasks?	_____	_____
Remain on task?	_____	_____
Complete my share of the task?	_____	_____
Complete my tasks on time?	_____	_____
Take on a leadership role when necessary?	_____	_____
Help others in the group when appropriate?	_____	_____

I could be a better group member next time by
