

**NATIONAL UNIVERSITY OF SINGAPORE
DEPARTMENT OF INDUSTRIAL AND SYSTEMS ENGINEERING**

IE3100 Systems Design Project

Evaluation Form

(The form must be completed in confidence and submitted personally to the supervisor/s at the end of your final oral presentation.)

Group Name:

Project Title:

Supervisor/s:

Your name: _____

Team members' names: A. _____ B. _____

C. _____ D. _____

Rating Scale

1	2	3	4	5
Very Poor	Poor	Average	Good	Excellent

Rate each team member (including yourself) on the above rating scale of 1 – 5 for the following evaluation criteria.

		Self	A	B	C	D
1	Attendance of meetings					
2	Quality of preparation for meetings					
3	Active participation during discussions					
4	Respect for team members' opinions					
5	Ability to meet deadlines for work in progress & submissions					
1-5	OVERALL WORKING ATTITUDE					
6	Contribution to project execution & achievement					
7	Contribution to report writing					
8	Contribution to final oral presentation					
6-8	OVERALL SHARE OF CONTRIBUTION & WORKLOAD					
9	Leadership / initiative					
10	Creative approach					
11	Knowledge & understanding of project					
9-11	OVERALL ADDED VALUE TO PROJECT					

Comments, if any:

Date

Your signature