



PEER ASSESSMENT TEMPLATE












Subject (Health): _____


Date: _____


Assessor (Your Name): _____


Peer (Name): _____


Task / Topic: _____

1. RATE THE WORK	 EXCELLENT (3)	 GOOD (2)	 DEVELOPING (1)	 NEEDS WORK (0)
CRITERIA				
 UNDERSTANDING Shows clear understanding of the health topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 EVIDENCE & EXAMPLES Uses relevant examples or evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 COMMUNICATION Ideas are clear, organised and easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 HEALTH FOCUS Links ideas to health, wellbeing or safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 EFFORT & PRESENTATION Shows care, effort and neat presentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SCORE (out of 15) →				

 **2. WHAT DID THEY DO WELL?**
Give specific examples.


 **3. WHAT COULD THEY IMPROVE?**
Give helpful suggestions.

 **4. ACTION PLAN** One next step for your peer.

 **5. REFLECTION (ASSESSOR)**

What did you learn by giving this feedback?

What will you do differently next time?

SIGNATURES 

Assessor: _____

Peer: _____

Date: _____