

Enterprise 2.0 Project
Grading Sheet

Spring 2010

Day of the class: _____ Time of the class: _____
(Monday, Tuesday,...) (morning, noon, night)

Peer Review Ranking

Team No.	Rank.	Comments (if any)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Notes: Do not rank your own team.

Suggested criteria for ranking: realistic 25%, creative & effortd 25%,
achievement & team work 25%, presentation 25%

Team No. _____ Team Members' info:

Student ID No.	Name	Signature

Date: _____