

CREW EVALUATION FORM

Name: _____

Date: _____

Course: _____

Production: _____

Please rate the other members of your crew on a scale of 1-6 with 6 being best.

Name/Position: _____

Performance/Skill _____

Cooperation _____

Carried his/her own weight _____

Responsibility _____

Comments (must fill in):

Name/Position: _____

Performance/Skill _____

Cooperation _____

Carried his/her own weight _____

Responsibility _____

Comments:

Name/Position: _____

Performance/Skill _____

Cooperation _____

Carried his/her own weight _____

Responsibility _____

Comments:

Name/Position: _____

Performance/Skill _____

Cooperation _____

Carried his/her own weight _____

Responsibility _____

Comments:

Name/Position: _____

Performance/Skill _____

Cooperation _____

Carried his/her own weight _____

Responsibility _____

Comments: