

EAP Project Participation Survey

Your Name (first & last): _____ Period: _____

Did you turn in an individual project, rather than a single group project? Yes or No? (circle)

Did you turn in your project by the deadline for the maximum grade (Fri, Feb 27)? Yes or No? (circle)

How would you rate your contribution, and your partners contributions, to the project? Put a checkmark in the most appropriate box for yourself and each of your partners.

Partner Name	Significantly More Work	More Work	Equal Work	Less Work	Significantly Less Work	No Work At All
Your Name:						
Partner 1:						
Partner 2:						
Partner 3:						

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