

Art Portfolio Peer Review Evaluation Form

Reviewer Name

Artist Name

Date

Overall Impression

Evaluation Criteria

Creativity

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Technique/Skill

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Presentation

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Impact

☐ 1

☐ 2

☐ 3

☐ 4

Strengths

Areas for Improvement

Additional Comments