

# Peer Communication Skill Assessment Sheet

Name of Peer Assessed:

Name of Assessor:

Date:

Criteria	Assessment (Excellent / Good / Satisfactory / Needs Improvement)	Comments
Clarity in Expressing Ideas		
Active Listening		
Respectful and Courteous Interaction		
Feedback Provided		
Ability to Ask Relevant Questions		
Non-Verbal Communication		

Strengths Observed:

Areas for Improvement:

Additional Comments: