STUDY GROUP WORKSHEET

Name (of Person Completing this Form)_____

General Information

Date:_____ Starting Time:_____ Ending Time:_____

Observations of the Study Group:

Participation/Group Members

Leadership of Group/Group Leader(s)

Outcomes: (what we want to accomplish)

This study group will cover (group decides this information at the beginning of the session):

Solve problems from assignment –

Understand a concept –

Prepare for a test/quiz –

Find different ways to solve problems –

Other –

Observations (recorded by the facilitator)

Members who actively participated

Members who actively led group (presented problems, offered solutions, etc.)

Activities conducted during the study session.

Group Evaluation of Study Group Outcomes and Process

1. All members scheduled attended the study group.	Yes	No
2. All arrived on time.	Yes	No
3. All agreed-to-outcomes were addressed.	Yes	No
4. All were prepared.	Yes	No
5. Everyone stayed on task.	Yes	No
6. All participated.	Yes	No
7. Members were positive, and supportive of one another.	Yes	No

8. Effectiveness of today's study group:

not effective	1	2	3	4	5	6	7	8	9	10	very effective

9. Suggestions for improvements: