Peer Evaluation Form

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Who are you observing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Yes** | **Sometimes** | **No** |
| Is this actor standing in the Second Circle? |  |  |  |
| Is this actor breathing in Second? |  |  |  |
| Is this actor speaking in Second? |  |  |  |
| Is this actor present with their imaginary partner? |  |  |  |

Additional Comments: