**Peer Editor Evaluation Sheet**

Date: Time started: Time finished:

Your Name:

Peer Editor’s Name:

1. Was your Peer Editor helpful? Circle one.

Yes, very Yes, somewhat Not that much Not at all

1. What did your Peer Editor help you with? Circle all that apply.

Generating ideas Drafting Organizing Sentence style Refining ideas

Sources and support Grammar and mechanics Other (please explain):

1. What are you supposed to do next?

Write more and come back Revise and come back Work on my own Nothing planned

1. Do you have another appointment scheduled?

Yes (If yes, when?) No