

## Data Analysis Peer Review Form

Name \_\_\_\_\_

Date \_\_\_\_\_

### Are the data presented clearly?

Very clear	<input type="checkbox"/>	Comments about what was done well:
Mostly clear	<input type="checkbox"/>	
Somewhat clear	<input type="checkbox"/>	Suggestions for improvement:
Largely unclear	<input type="checkbox"/>	

### Are the conclusions clearly stated?

Very clear	<input type="checkbox"/>	Comments about what was done well:
Mostly clear	<input type="checkbox"/>	
Somewhat clear	<input type="checkbox"/>	Suggestions for improvement:
Largely unclear	<input type="checkbox"/>	

### Do the data clearly support the conclusions?

Very clear	<input type="checkbox"/>	Comments about what was done well:
Mostly clear	<input type="checkbox"/>	
Somewhat clear	<input type="checkbox"/>	Suggestions for improvement:
Largely unclear	<input type="checkbox"/>	