

## Experimental Design Peer Review Form

Name \_\_\_\_\_  
Name of Project Being Reviewed \_\_\_\_\_  
Date \_\_\_\_\_

### Is the research question clearly defined?

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

### Are the procedures clearly described?

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

### How well does this experiment address the research question?

Very well	<input type="checkbox"/>	Comments about what you liked:
OK	<input type="checkbox"/>	
Minor problems	<input type="checkbox"/>	Suggestions for improvement:
Needs work	<input type="checkbox"/>	

