

PEER REVIEW

EXPERIMENTAL DESIGN PEER REVIEW FORM

Name of Reviewer _____ Date _____

Project Reviewed _____

Is the research question clearly defined?

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 procedures clearly described?

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"/>	

How well do the procedures address the research question?

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