RESEARCH EVALUATION FORM

Name of Student: _________________________________________________________
Department: _____________________________________________________________
Project Title: _____________________________________________________________
________________________________________________________________________

1. Is the Title descriptive and complete?

☐ Yes    ☐ No    ☐ Other

________________________________________________________________________

2. Is the Literature Review complete and adequate?

☐ Yes    ☐ No    ☐ Other

________________________________________________________________________

3. Is the Aim(s) of the Project clearly stated?

☐ Yes    ☐ No    ☐ Other

________________________________________________________________________

4. Is the Methods description clear and complete?

☐ Yes    ☐ No    ☐ Other

________________________________________________________________________
5. Pilot Study  Full Study?

6. Is the Research Design reliable according to the objectives of the study?
   □ Yes  □ No  □ Other

7. Is the Research Design valid?
   □ Yes  □ No  □ Other

8. Is the Statistical Analysis employed correct?  □ Numerative  □ Analytical
   □ Yes  □ No  □ Other

9. Are the Results presented in graph and tables in a clear manner and help understand the results?
   □ Yes  □ No  □ Other

10. Is the Discussion related to the specific aims of the project?
    □ Yes  □ No  □ Other
11. Is the Conclusion in accordance with the findings, the statistics and the results of the project?

☐ Yes  ☐ No  ☐ Other

__________________________________________________________________________

12. Are the Recommendations pertinent to clinical applications of findings?

☐ Yes  ☐ No  ☐ Other

__________________________________________________________________________

13. Should this project

Approved as is:  ☐ Yes  ☐ No

Approved if the following modifications are made:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Not approved because:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Name: __________________________________________
Signature: _____________________________________
Date: _________________________________________

Rev 8/07