

# PEER REVIEW

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## 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"/>	