

FORM NAME Peer Review Form for Scholarly Merit**VERSION** 2022 November**SUBMIT TO** reb@tyndale.ca**A. PROJECT DETAIL**

Principal Researcher	
Project Title	
Department	

B. REVIEWER

Reviewer Name	
Institutional Affiliation	
Academic Title	
Email	

C. REVIEW

Key: CR (Clarification Required)
NA (Not applicable)

		Yes	CR	No	NA	Notes/References
Background and Objectives						
1	Is/are the objective(s) of the study clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is/are the objective(s) achievable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the researcher demonstrate familiarity with the relevant knowledge in your field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is the rationale for the study clearly outlined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Based on the objectives, will the study likely make a significant contribution to knowledge in your field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Design						
6	Is the study design clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Is the study appropriate to the objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are the source and number of subjects clearly stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Are the eligibility criteria (screening, inclusion, exclusion) clearly defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	If there is randomization, is it adequately described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Are the methods/procedures to achieve the intended results clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Are the methods/procedures appropriate to achieve the intended results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Do the procedures/instruments have adequate reliability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Does the process have adequate validity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Analysis						
15	Is the rationale for the sample size clearly stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Is the sample size adequate to address the research question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	If appropriate, is a valid approach to statistical analysis described (probability levels, confidence boundaries, statistical package, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Does the proposed data analysis address the study's primary objective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Schedule						
19	Is the study schedule stated and realistic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Has your review of this research proposal raised any ethical issues not adequately addressed? If yes, please specify your concerns in the "Notes" section below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Has your review of this research proposal raised any other concerns about scientific merit? If yes, please specify your concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. SIGNATURE

Signature of the Reviewer

Date