



AMERICAN ACADEMY of ORTHOPAEDIC MANUAL PHYSICAL THERAPISTS

GRANT REVIEWERS EVALUATION

Principal Author: _____

Funding Request: \$ _____

Reviewer Name: _____

(Reviewer name will be deleted if sent to authors.)

NOTE: If you are the primary or secondary reviewer, please complete Part 1. (Ratings)
All other reviewers skip to Part. 2

Part I. RATINGS (Please highlight or underline as appropriate)

	<i>Not Acceptable</i> <i>Not Submitted</i>	<i>Barely</i> <i>Acceptable</i>	Adequate	Good
Format (font, < 10 pages in length, Financial interest statement)	0	2	4	6
Review of literature	0	2	4	6
Design and methodology	0	2	4	6
Selection and description of subjects	0	2	4	6
Analysis of data	0	2	4	6
Detailed budget	0	2	4	6
CV (NIH format) of each investigator	0	2	4	6
Project time table	0	2	4	6
Referencing/supporting Appendices	0	2	4	6
Clarity of style and expression	0	2	4	6
Ethical acceptability & IRB approval	0	2	4	6
Theoretical importance	0	2	4	6
Breadth of interest	0	2	4	6
Feasibility of the study	0	3	4	6
Track record of author/team to complete & publish research projects	0	3	4	6
Significance to OMT profession	0	3	7	10
TOTAL SCORE:				/100

ALL REVIEWERS COMPLETED HERE

Part 2. RECOMMENDATIONS (Please check all boxes that apply as appropriate)

Accept for award without amendment- you are confident this will be a successful project

Accept subject to amendments noted below – you would like the author to address your concerns, but feel with those modifications, this will be a successful project

NOTE please also check here if you believe this is the best of the group you graded: Give high priority for award

Author(s) to revise and resubmit for next year

Not suitable for award – this project is not feasible

Part 3. All reviewers may provide any comments you wish to share with the authors: