**PEER REVIEW ASSESSMENT: THIS SECTION TO BE FILLED IN BY THE REVIEWER**

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| Reviewer: | Email: | Date completed:*[maximum 5 working days from accepting request]* |

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| **1. TRANSLATION** |
|  | A. No revisions | □ |  |
|  | B. Revision(s) suggested | □ |  |
|  | C. Revision(s) required | □ |  |

If “B” or “C,” please provide an explanation or example:

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| **2. BOOLEAN AND PROXIMITY OPERATORS** |
|  | A. No revisions | □ |  |
|  | B. Revision(s) suggested | □ |  |
|  | C. Revision(s) required | □ |  |

If “B” or “C,” please provide an explanation or example:

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| **3. SUBJECT HEADINGS** |
|  | A. No revisions | □ |  |
|  | B. Revision(s) suggested | □ |  |
|  | C. Revision(s) required | □ |  |

If “B” or “C,” please provide an explanation or example:

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| **4. TEXT WORD SEARCHING** |
|  | A. No revisions | □ |  |
|  | B. Revision(s) suggested | □ |  |
|  | C. Revision(s) required | □ |  |

If “B” or “C,” please provide an explanation or example:

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| **5. SPELLING, SYNTAX, AND LINE NUMBERS** |
|  | A. No revisions | □ |  |
|  | B. Revision(s) suggested | □ |  |
|  | C. Revision(s) required | □ |  |

If “B” or “C,” please provide an explanation or example:

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| **6. LIMITS AND FILTERS** |
|  | A. No revisions | □ |  |
|  | B. Revision(s) suggested | □ |  |
|  | C. Revision(s) required | □ |  |

If “B” or “C,” please provide an explanation or example:

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| **7. OVERALL EVALUATION (Note: If one or more “revision required” is noted above, the****response below must be “revisions required”.)** |
|  | A. No revisions | □ |  |
|  | B. Revision(s) suggested | □ |  |
|  | C. Revision(s) required | □ |  |

**Additional comments:**

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