

SLA Symposium 2017 Proposal Review Form

Please provide the following information to begin the review process.

Your email address: _____

Reviewer name: _____

Proposal number: _____

Please rate the proposal:

Use the following scale:

1 = Unsatisfactory

2 = Fair

3 = Adequate

4 = Good

5 = Outstanding

1. Objectives or purposes are related to the conference theme of second language acquisition.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Theoretical framework is clear.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Research methods or modes of inquiry are stated.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Findings and/or conclusions are supported.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Scholarly significance, originality, and/or creativity of the study or work is apparent.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Abstract is clearly and professionally presented, and is likely to be of interest.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Additional comments/suggestions for the proposal?