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MAIN REVIEWER EVALUATION FOR SHORT TERM PROJECTS
DRAFT 2/19/08
Complete only for main reviewer assignments

Reviewer Name: _____
Project Number: _____
PI Last Name: _____

RETURN this evaluation sheet by March 4th - 8:30 AM MT to:
guillaume.cheron@va.gov

I. Please rate the proposal as indicated below.

REVIEW CRITERIA	Choose Yes or No
1) The project objectives are important to VHA and VHA research.	☐Yes ☐No
2) Methods are appropriate to the stated objectives.	☐Yes ☐No
3) Project has perceived value based on innovation OR shows potential to expand knowledge (including negative or unanticipated findings.)	☐Yes ☐No
4) Project organization, management, and timeline (concluding no later than September 30, 2008) are appropriate.	☐Yes ☐No
5) Investigator qualifications are appropriate.	☐Yes ☐No

Overall evaluation: A, B, C, No* (check ONE)	☐A ☐B ☐C ☐No

**Key: A= Outstanding (including, but not limited to: high risk but high potential gain)*
B=Very Good
C= Good (potentially valuable, including possible worthwhile risk)
No = Not recommended for further consideration as presented

II. Provide one to three sentences explaining your overall score. Please note that one sentence may be sufficient.

III. (Optional) If specific feedback is required for a recommended project, please provide.

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