

## ISSCD M-in-M Programme Peer Reviewer Evaluation Form

**Mentee:**

**Mentor(s):**

**Title of proposal:**

Please use the following scoring system to rate each of the criteria below (1= extremely poor; 2= poor; 3= some merits; 4= good; 5= excellent)

**Mentee accomplishment to date:**

Score	Comments

**Mentee demonstrated commitment to the field of coeliac disease:**

Score	Comments

**Feasibility of proposal:**

Score	Comments

**Inter-regional collaboration** (Highest scores to be given for inter-regional collaborations that would be impractical without financial support from the M-in-M programme)

Score	Comments

**Mentor standing in the field of coeliac disease:**

Score	Comments

**Potential for impact on the field of coeliac disease**

Score	Comments

**Peer reviewer name:**

**Peer reviewer signature:**

**Date:**