**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:**