Manuscript Quality Assessment Form for Reviewers

Manuscript Title				
Manuscript ID				
Reviewer Name				
Date				
Assessment Crite	ria			
Criteria	Excellent	Good	Fair	Poor
Originality	С	0	О	O
Significance	O	0	О	O
Technical Quality	О	0	C	C
Clarity	О	0	О	C
Relevance	С	C	O	O
Strengths of the Manuscript				
Weaknesses of the Manuscri	pt			
Detailed Comments to Autho	rs			
Confidential Comments to Ed	ditor			

Recommendation

- C Accept
- Minor Revision
- Major Revision
- C Reject