

Undergraduate Research Methods Feedback Sheet

Student Name:

Project Title:

Supervisor/Instructor:

Date:

Assessment Criteria

Criteria	Comments	Grade / Mark
Clarity of Research Question/Objective	<input type="text"/>	<input type="text"/>
Literature Review & Context	<input type="text"/>	<input type="text"/>
Methodological Approach	<input type="text"/>	<input type="text"/>
Data Collection & Analysis	<input type="text"/>	<input type="text"/>
Interpretation of Results	<input type="text"/>	<input type="text"/>
Structure & Organization	<input type="text"/>	<input type="text"/>

Referencing & Academic Integrity

Strengths

Areas for Improvement

Overall Comments

Final Mark / Grade:

Assessor's Name: