

# STUDENT POSTER AWARD REVIEW

SESSION:

TIME:

POSTER NO:

CONTRIBUTOR

POSTER TITLE:

Awards Fellowships Committee contact:

CRITERIA:	RATING (POINTS)				
	Unsatisfactory (0 pts)	Fair (5 pts)	Satisfactory (10 pts)	Good (15 pts)	Excellent (20 pts)
Abstract:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation / Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Quality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				TOTAL SCORE:	_____

## EXPLANATION OF CRITERIA

- Abstract: Accurate synopsis of poster/platform content; objectives, results, and conclusions clearly states; methods described sufficiently to relate to conclusions; title a good index to content.
- Presentation/Content Clear, logical and concise. Text sufficient to explain illustration and to state objectives and conclusions, but not excessive. Ability to respond to questions.
- Content: Clearly stated objectives and conclusions, data adequate, analysis and summaries appropriate; illustrations appropriate, understandable, informative.
- Level of Understanding Presentation of background and supporting information indicate that the student has a strong grasp of the science to the area of study.
- Originality: New technique, instrument, or idea; new contribution to knowledge, evidently originating with the student.
- Overall Quality: Poster / Platform appropriate methodology and interpretation of results, conconclusiveness.

## ADDITIONAL COMMENTS (e.g., suggested areas of improvement, most impressive aspects.)

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REVIEWER \_\_\_\_\_ DATE: \_\_\_\_\_