

Journal of Thought

REVIEWERS EVALUATION FORM

Manuscript Number _____ Reviewer # _____ Return Deadline _____

Criteria for Review and Evaluation:	HIGH				LOW
Appropriateness to the <i>Journal of Thought</i>	5	4	3	2	1
Importance of Topic to Education	5	4	3	2	1
Conceptually/Theoretically Grounded	5	4	3	2	1
Appropriate Research Design/Methodology	5	4	3	2	1
Logical Development of Topic	5	4	3	2	1
Clear & Coherent Discussion	5	4	3	2	1
Well-Written Manuscript	5	4	3	2	1
Valid Conclusions	5	4	3	2	1
Insightful Applications	5	4	3	2	1
Advancement of Knowledge	5	4	3	2	1
APA or Chicago Style	5	4	3	2	1

Reviewer's Written Comments
(Please expand the form if more space is needed.)

Publication Recommendation (check one):

_____ Publish, largely as is

_____ Accept, with suggested modification specified in reviewer's comments

_____ Revise and resubmit, with suggested modification specified in reviewer's comments

_____ Reject

This form should be returned electronically to **Heejin Son (heejin.son@ttu.edu)** or by surface mail to Ms. Heejin Son, *Journal of Thought*, Box 41071, College of Education, Box 41071, Texas Tech University, Lubbock, Texas 79409-1071.