

Manuscript Review Form: EDITOR SUMMARY REVIEW

Date sent:

Journal:

Manuscript #:

Editor:

Title of Paper:

Author(s):

Manuscript Type:

Manuscript Status:

RECOMMENDATION (Please select one)

Approved:

- Accept in present form (final manuscript)
 Approved, consider suggested revisions

Transfer:

- ASCE Journal: _____
 Other: _____

***Re-review required, resubmit as:**

- Technical Paper
 Technical Note
 Case Study
 Forum

Return without review:

- Outside of scope
 Over length/ Grammatical errors
 Other, see critique below

Decline:

- Final

**Final decision deferred; depends on revisions.*

CRITIQUE: (Please type or print additional comments on a separate page.)

EVALUATION (circle one)

Poor
1

Below Average
2

Average
3

Above Average
4

Exceptional
5

Possible Award Quality

Award Quality

****Note to Reviewer:** Please sign reverse side to permit direct copying while retaining anonymity.**

ASSESSMENT OF "AWARD CALIBER"

- 5 Exceptionally good paper; definitely worthy of serious consideration for an award
- 4 Better-than-average paper; may well be worthy of an award
- 3 Average paper; possibly, but not likely, of award caliber
- 2 Below-average paper; not worthy of consideration for an award

SUMMARY REVIEWER'S SIGNATURE

Names are confidential and will be removed before review comments are forwarded to authors.

NAME (TYPED OR PRINTED BY HAND)

PHONE:

ADDRESS:

FAX:

E-MAIL:

DATE: