



Department of
Educational and
Counselling Psychology

Département
de psychopédagogie et
de psychologie du counseling

Counselling Psychology and School/Applied Child Psychology programs

Master’s Research Project Examiner Evaluation Page

Evaluation report due date:

Name of student:

Title of research project:

We wish to thank you for agreeing to be an examiner for this MA project. Note that the MA project in our clinical program is a non-thesis project that evaluates a student’s ability to produce research work that is original, defined by the criteria listed in the rubric below. It represents one of several milestones included in the progression towards the obtention of their MA.

Evaluation Criteria	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
Evidence of creativity and original contribution to knowledge					
Research question situated in broader context of research field					
Diligence to research skills demonstrated (i.e., clear research questions, methodology and analysis of findings, etc.)					
Findings reported and interpreted within broader context of research field / value as a contribution to knowledge					
Grasp of subject, powers of criticism and general quality of review, scholarship evidenced					





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Evaluation Criteria	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
Quality of manuscript presentation and preparation whether APA style or tailored to targeted journal (grammar, length, formatting, references, etc.)					
Relevance to the science, practice, or training of psychology.					

Note. An unsatisfactory ranking in one of these categories warrants an overall rating of NOT PASS, meaning that initial revisions are required.

Overall Evaluation: PASS / REVISIONS REQUIRED/ NOT PASS after revisions

If the evaluation is a PASS, please provide comments, suggestions, and edits so that the candidate can make revisions and updates if necessary to the MA project to improve the content for the final submission to the program.

If the evaluation is a Revisions Required then please provide comments on the rationale for the evaluation of Revisions Required and a specific description of the revisions that would be required to achieve a PASS as a final evaluation.

Please return your evaluation via e-mail to gpdscap-cp.ecp@mcgill.ca by the deadline to avoid jeopardizing the student's timely Master's degree completion.

Name of Examiner: _____

Signature of Examiner: _____

Date: _____

