

Inquiry Investigation Report Rubric

Report By: _____
ID Number

Author: Did the reviewers do a good job?

1 2 3 4 5
Rate the overall quality of the peer review

Reviewed By: _____
ID Number

_____ ID Number

_____ ID Number

_____ ID Number

Section 1: Introduction and Guiding Question		Peer Reviewer Rating			Teacher Score		
1. Did the author provide enough background information ?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2	
2. Did the author make the goal of the investigation clear?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2	
3. Did the author make the guiding question clear?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2	
<p>Reviewers: If your group made any "No" or "Partially" marks in this section, please explain how the author could improve this part of his or her report.</p>	<p>Author: What revisions did you make in your report? Is there anything you decided to keep the same even though the reviewers suggested otherwise? Be sure to explain why.</p>						
Section 2: Method		Peer Reviewer Rating			Teacher Score		
4. Did the author provide a clear description of how he or she conducted the investigation (the method)?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2	
5. Did the author detail what data (quantitative measurements or qualitative observations) were collected (or used)?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2	
6. Did the author use the correct terms within his or her investigation (i.e., control, variable, standard)?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2	
<p>Reviewers: If your group made any "No" or "Partially" marks in this section, please explain how the author could improve this part of his or her report.</p>	<p>Author: What revisions did you make in your report? Is there anything you decided to keep the same even though the reviewers suggested otherwise? Be sure to explain why.</p>						

Section 3: The Argument		Peer Reviewer Rating			Teacher Score		
7.	Did the author support his or her claim with evidence (analyzed data and interpretation of the analysis)?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2
8.	Did the author present the evidence in an appropriate manner by: <ul style="list-style-type: none"> ▪ Including a correctly formatted and labeled graph (or table); ▪ Using correct metric units (e.g., m/s, g, ml); and, ▪ Referencing the graph or table in the body of the text? 	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2
9.	Did the author provide an answer to the guiding question (the claim)?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2
10.	Did the author identify and explain possible sources of error ?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2
Reviewers: If your group made any "No" or "Partially" marks in this section, please explain how the author could improve this part of his or her report.		Author: What revisions did you make in your report? Is there anything you decided to keep the same even though the reviewers suggested otherwise? Be sure to explain why.					
Mechanics		Peer Reviewer Rating			Teacher Score		
0	Organization: Report includes title, headings, and appropriate paragraphs. Writing is clear and concise.	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2
1	Word Choice and Grammar: Did the author use the appropriate words and grammar to express his or her ideas (there vs. their, to vs. too, spelling, punctuation, capitalization, etc.)?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	2
2	Timeliness: The report was submitted on or before the due date.	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes	0	1	
Teacher Comments:							

Total: _____/25