

Reusable Learning Object Peer Review (2) – Media

About the Resource

Title	Alcohol Prevention in Urgent and Emergency Care Settings
URL:	Click here to enter text.
RLO ID	enter
Author	Click here to enter text.
Email	Click here to enter text.
Developer	Click here to enter text.
Email	Click here to enter text.
Email	Click here to enter text.
Phone	Click here to enter text.

About the Review

Reviewer	Click here to enter text.
Date Requested	Click here to enter text.
Please complete by	Click here to enter text.
Please return to	Click here to enter text.
Email	

Your Review

Reviewers: Please work through the RLO at the URL address above. Then complete the relevant sections of this form. You may wish to discuss the feedback with the author. Please indicate below whether this discussion has occurred.

Authors, on receiving the reviewers' comments, please complete the "Author's revision" boxes on the form. You should discuss these with the RLO developer and the mentor before proceeding.

1) General

Is the general look and feel of the RLO coherent and conducive for learning?		
Fully	<input type="checkbox"/>	Partially <input type="checkbox"/> Minimally <input type="checkbox"/>
Please outline any revisions you would suggest		
Click or tap here to enter text.		
Author's Revisions		
Click or tap here to enter text.		

2) Duration

Estimate how long would it take students to complete this RLO in your estimation	
Minutes:	Click here to enter text.
Please outline any revisions you would suggest	
Click or tap here to enter text.	
Author's Revisions	
Click or tap here to enter text.	

3) Narration

Is the narration clear, audible and engaging?		
Fully	<input type="checkbox"/>	Partially <input type="checkbox"/> Minimally <input type="checkbox"/>
Please outline any revisions you would suggest		
Click or tap here to enter text		
Author's Revisions		
Click or tap here to enter text.		

4) Visual Elements

Do the images, videos, animations, diagrams, photographs etc support the learning of this subject?		
Fully	<input type="checkbox"/>	Partially <input type="checkbox"/> Minimally <input type="checkbox"/>
Please outline any revisions you would suggest		
Click or tap here to enter text.		
Author's Revisions		
Click or tap here to enter text.		