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| **LNC Coach Checklist** | | |
| LNC Author: |  | |
| Reviewer: |  | |
| **Criteria** | **Score** | **Comments** |
| Template/Formatting |  |  |
| Chronological Order? |  |  |
| Relevant Facts |  |  |
| Med Documentation vs. Comments |  |  |
| Grammar/spelling |  |  |
| Other Comments | | |

Please rate this submission on the following four criteria on a 1-5 scale and then add comments for each section as applicable.

1 = Seriously deficient, needs major rewrites

2 = Includes some information useful for our audience but lacks…

3 = Average, could be improved by...

4 = Very good, slight or minor changes as noted

5 = Excellent, no changes needed