

**UNIVERSITY OF WASHINGTON SCHOOL OF NURSING**  
**NMETH 801: Practice Doctorate Project: Planning**  
**DOCTOR OF NURSING PRACTICE FINAL PROJECT PROPOSAL EVALUATION RUBRIC**

Student Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Committee Members: \_\_\_\_\_

<b>Oral Presentation</b>			
	1 Unsatisfactory	2 Satisfactory	Comments
I.a. Able to articulate overarching and individual project goals			
I.b. Able to respond orally to questions related to project plan			

Signature Committee Chair (Planning): \_\_\_\_\_ Date: \_\_\_\_\_

<b>Written Proposal</b>			
	1 Unsatisfactory	2 Satisfactory	Comments
<b>I. Problem/Issue</b>			
II.a. Problem/Issue/Change clearly identified			
II.b. Focused literature appraisal supports relevance of problem/issue and/or project			
II.c. Scope of project realistic and appropriate			
<b>II. Model/Framework</b>			
III.a. Framework or model is evident and appropriate			
<b>III. Project Plan</b>			
IV.a. Objectives stated in feasible and measurable terms			
IV.b. Measures/deliverables appropriate for stated objectives			
IV.c. Setting/population clearly described			
IV.d. Congruence of project plan with agency goals/plans described			

IV.e. Design appropriate for objectives			
IV.f. Implementation plan articulated and appropriate			
IV.g. Timeline clear and feasible			
IV.h. Available resources as well as potential barriers to success identified			
<b>IV. Writing and organization</b>			
VI.a. Writing is scholarly, clear and concise			
VI.b. Referenced appropriately (default is AMA unless otherwise specified by agency)			

Required Approvals:

**Statement of Mutual Agreement** with site/community or organization is completely executed

Yes \_\_\_ In Progress \_\_\_ (If in Progress, need to confirm completed by end of quarter to award N grade)

**UW Human Subjects:**

Yes \_\_\_ In Process \_\_\_ Not required \_\_\_

**Agency Human Subjects OR Quality Committee Review**

Yes \_\_\_ In Process \_\_\_ Not required \_\_\_

Additional Summative Comments:

Overall Evaluation of the DNP Project Proposal:

\_\_\_\_\_ Pass: Approved

\_\_\_\_\_ Conditional Approval: Recommendations for Revision  
(Revisions to be completed and filed with Doctoral Committee within 2 weeks of receipt or **no later than** 12:00 noon Friday of Final Exam Week, whichever is first)  
Areas to be addressed:

\_\_\_\_\_ Not Approved  
(Unsatisfactory (1) in all elements of a category (e.g., oral presentation) OR rating of unsatisfactory on majority of elements, requires major revision; student to contact faculty to set up appointment with NMETH 801 Planning Faculty to create plan to address concerns within 48 hours of receipt.)  
Areas needing remediation:

Date of Evaluation:

Doctoral Committee Co-Chair Name: _____	Signature: _____
Doctoral Committee Co-Chair Name: _____	Signature: _____
Doctoral Committee Member Name: _____	Signature: _____
Doctoral Committee Member Name: _____	Signature: _____
Doctoral Committee Member Name: _____	Signature: _____

Upload electronic version of rubric with committee comments and determination to Canvas learning management system assignment for student.