



Association of
Immunization
Managers

AIM BULL'S-EYE AWARD 2025 Score Sheet

Name of Reviewer: _____

PEER REVIEW EVALUATION

To assist in the scoring and to ensure that reviewers are as consistent as possible, please score each submission based on the following parameters:

	Program Name	Program Name	Program Name	Program Name	Program Name	Program Name	Program Name	Program Name	Program Name
Background (5 points)									
Program practice description (5 points)									
Effectiveness of practice (20 points)									
Conclusions/lessons learned/key factors (10 points)									
Potential for replication (20 points)									
Innovation (40 points)									

PEER REVIEW RANKING

Please rank the order of the top 3 submissions from 1-3 (1=best submission)

Rank	Program Submission Name
1.	
2.	
3.	

Optional: Select an additional submission as your 'honorable mention'

Program Submission Name