Month Date xx, 20xx

**Review Form**

Type I are presented papers for The 20xx International Conference on Artificial Life and Robotics

(ICAROB20xx), past, present, and future. (more than 70% adoption rate)

Type II are not presented for ICAROB20xx. (more than 40% adoption rate)

Paper Title:

Type of Paper: Type I, Type II (choose one)

**You are both specialists in Robotics, Artificial Life, Control and other fields.**

Reviewers:

3 reviewers’ names & mail addresses

**I will use blind peer review system. If you have finished reviewing, I will not reveal names of the reviewers.**

Date mailed to reviewers: Month, Date xx, 20xx

Reviewer’s name:

**Due Date: Month Date xx, 20xx (asap)**

Recommendation:

* 1.Publish with no revision
* 2.Publish with minor revisions
* 3.Possibly publish subject to rewriting and re-review
* 4.Reject because

Confidential Comments to Editor-in-Chief:

----------------------

REPLY FORM 1 [PAPER]

----------------------

**Reference: vol.ｘｘ**

**Issue: issue1 or 2 or 3 or 4**

Regular/Special: Regular

--------------------

Recommendation to the Editorial Committee: (choose one)

\_ Publish in Journal of Advances in Artificial Life Robotics as it is.

\_ Publish in Journal of Advances in Artificial Life Robotics after revision of the manuscript by someone whose native language is English or by a professional rewriter.

\_ Resubmit after minor revision.

\_ Reject.

Note: It is our editorial policy to reject the manuscript if major revision is

required prior to publication.

----------------------

Reviewer's Report

(Please choose one at each category)

1. Are the results new and/or interesting?

\_ YES

\_ MAYBE

\_ NO\*

2. Are the results useful as a prompt report?

\_ YES

\_ MAYBE

\_ NO\*

3.Is the manuscript written in good English?

\_ YES

\_ MAYBE

\_ NO\*

4. Presentation

a) Clarity

\_ EXCELLENT

\_ GOOD

\_ FAIR

\_ POOR\*

b) Conciseness

\_ EXCELLENT

\_ GOOD

\_ FAIR

\_ POOR\*

\*If NO or POOR is marked in Items 1 to 4, please give specific comments

in REPLY FORM 2.

Specific knowledge of the reviewer on the topic: (choose one)

\_ 5 (Excellent)

\_ 4

\_ 3

\_ 2

\_ 1 (Fair)

Confidential Comments for the Journal Editorial Board not to be

disclosed to the author(s).

(\*ONLY for reviewers of Journal of Advances in Artificial Life Robotics)

Do you permit your name to be published in "Alphabetical List

of Reviewers of Last Year's Issues" which appears in the Journal?

"YES" below, we will put your name on the list and "NO" below, we won’t put your name on the list.

\_ Yes

\_ No

----------------------

REPLY FORM 2(PAPER)

Note to the reviewer:

(1) Please give objective comments and suggestions

 citing both strengths and weaknesses of the manuscript.

 Please type or print clearly.

(2) If revision of the manuscript is recommended, please clarify

 the revisions required for acceptance. Distinguish mandatory

 revisions from optional revisions.

(3) Please do not identify yourself or your affiliation on this page,

 as a copy of this sheet may be sent to the author(s) directly.

----------------------------------------------------------------------------------------------------------

Reviewer's comments to the author(s)

---------------------------------------------- end -------------------------------------------------------