**On-Campus Interview Evaluation Form**

**NAME OF CANDIDATE**: Click here to enter text. **DATE**: Click here to enter text.

**POSITION**: Click here to enter text.

**A.** **GENERAL IMPRESSIONS** Excel- Very Not

 lent Good Good Fair Poor Observed

1. Communication \_\_\_\_\_

2. Ease and quality of conversation \_\_\_\_\_

3. Ability to present ideas \_\_\_\_\_

4. Knowledge of subject area \_\_\_\_\_

5. Educational background \_\_\_\_\_

6. Relevant experience \_\_\_\_\_

7. Quality of presentation \_\_\_\_\_

8. Potential as a colleague \_\_\_\_\_

9. Potential as a teacher \_\_\_\_\_

10. Potential as a scholar \_\_\_\_\_

**B. OVERALL RATING** (Check One) Excellent Very Good Good Fair \_\_Poor

**C. COMMENTS (Strengths & Weaknesses)**

Click here to enter text.

**Please return this form to:** Click here to enter text. **No Later Than:** Click here to enter text.