

OVERALL INTERVIEW EVALUATION RATING FORM (FACULTY)

Position Title: _____	Position #: _____
Applicant's Name: _____	
Date of Interview: _____	

1. Related Experience, Job Knowledge, Abilities and Skills, Training, Education

2. Current Program/Area knowledge/Teaching Strategies, Planning and Organizational Skills

3. Leadership Skills/Supervisory Skills/Management Skills/Administrative Skills

4. Communication Skills (Oral and Written)/Presentation/Teaching Demonstration/Portfolio

5. Interpersonal Skills, Teamwork, Customer Service, Student Involvement, Community Involvement

6. References:

Committee Chair Signature: _____ Date: _____

Final Overall Applicant Rating
_____ Highly Qualified
_____ Well Qualified
_____ Satisfactory/Minimally Qualified
_____ Not Qualified

Recommended Action
_____ Recommended
_____ Do Not Recommend