**CANDIDATE ASSESSMENT FORM**

Position:

Candidate Name: Date Interviewed:

#1

Choose an item.

#2

Choose an item.

#3

Choose an item.

#4

Choose an item.

5. Other Comments:

6. Please indicate your recommendation/ranking for this candidate.

       

 1 2 3 4 5 6 7

Not \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Highly

 Recommended Recommended

Evaluator Name: Date:

Note: All comments will be kept confidential.