Candidate Feedback Form

Candidate Name: ____________________________________________   Date: _______________________

The applicant has the interdisciplinary knowledge, skills, and abilities to teach in the xxx program:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Could not determine</th>
</tr>
</thead>
</table>

The applicant demonstrated excitement and enthusiasm during the presentation and/or interview:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Could not determine</th>
</tr>
</thead>
</table>

The applicant displayed the ability to effectively present content to audience:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Could not determine</th>
</tr>
</thead>
</table>

The applicant displayed the ability to listen and communicate well with all constituents.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Could not determine</th>
</tr>
</thead>
</table>

The applicant should be included in the final list of recommended applicants:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Could not determine</th>
</tr>
</thead>
</table>

Please use this space to add any comments you would like to offer, including strengths and perceived weaknesses of the finalist.

Optional:

Your name ________________________________  Department:_______________________________

Phone/Email _______________________________