



## Faculty Feedback Form

**Candidate's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **BODY OF KNOWLEDGE**

1. In your opinion, did the candidate have sufficient mastery in the subject/discipline?
2. Is the candidate's area of professional emphasis evident and is their level of knowledge in this area sufficient to be considered expert?

### **TEACHING**

3. Is the candidate's teaching philosophy consistent with the needs and expectations of FGCU students and faculty?
4. How would you evaluate the candidate's presentation?

### **SCHOLARSHIP**

5. Did the candidate have a well thought out and planned research agenda?
6. Has the candidate been published? Presented papers? Where and how often?

### **SERVICE**

7. Has the candidate worked on any committees?
8. Is the candidate a member of a professional association in the field of \_\_\_\_?

EXCELLLENT CANDIDATE \_\_\_\_\_

GOOD CANDIDATE \_\_\_\_\_

UNACCEPTABLE CANDIDATE \_\_\_\_\_