



Staff Feedback Form

Candidate's Name: _____ **Date:** _____

1. Candidate's strengths:

2. Did the candidate answer all the questions to your satisfaction? If not, which questions were left answered?

3. Does the candidate appear to be able to perform the job?

4. Do you have any reservations about this candidate's ability to be successful at this institution?

5. How does this candidate compare in relation to the other candidates interviewed?

6. Other comments: