

## CANDIDATE ASSESSMENT FORM

Position:

Candidate Name:

Date Interviewed:

1.



2.



3.



4.



5. Other Comments:

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

0  1  2  3  4  5  6  7

Not \_\_\_\_\_ Highly  
Recommended Recommended

Evaluator Name:

Date:

Note: All comments will be kept confidential.