

Interview Feedback Form

Date: _____

Candidate Name: _____

Evaluator: _____

1. Candidate is a good fit for this position:

- Agree
- Somewhat Agree
- Neutral
- Somewhat Disagree
- Disagree

2. Please rate the candidate's skills (1 is low, 5 is high)

	1	2	3	4	5
Organization	<input type="checkbox"/>				
Communication	<input type="checkbox"/>				
Presentation	<input type="checkbox"/>				
Appearance	<input type="checkbox"/>				
Technical Ability	<input type="checkbox"/>				

Please Comment:

3. Background and employment experiences as they relate to the position.

4. Communication skills. Effective oral and written communication skills. Effective listening skills.

5. Other observations about the candidate's strengths and limitations.

6. How do you feel the chemistry was between you? Why?

7. What questions do you still need to have answered?

8. Do you think the candidate wants the job?

9. Additional comments.
