**FACULTY CANDIDATE EVALUATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Candidate:** |  | **Date:** |  |

 1. What was your contact with candidate? (please check all that apply)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Class |  | Interview |  | Presentation |  | Other |  |

2. Please rate the candidate in the following areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Evaluative Areas | Below Average | Average | Above Average | Insufficient Information |
| Teaching Ability |  |  |  |  |
| Research/Scholarly Activity/Publication Ability |  |  |  |  |
| Understanding of Mission |  |  |  |  |
| Commitment to University |  |  |  |  |
| Advocate of Diversity, Equity, and Inclusion |  |  |  |  |
| Creativity |  |  |  |  |
| Communication Skills |  |  |  |  |
| Ability to get along with others |  |  |  |  |
| Education |  |  |  |  |

3. Comments:

4. Name of person completing form (optional):

5. Thank you and please return this form to:

Name and office location and/or email address