

COVER: CANDIDATE EVALUATION FORM

Candidate's Last Name: _____

First Name: _____

School Official:

You have the right to confidentiality (which is preferred by the Selection Board) as a condition for providing information about this candidate, unless you desire this information to be disclosed at the candidate's request.

Do you wish for this information to be disclosed? Yes _____ No _____

How well do you know the candidate? Please check below.

_____ Very Well (Example: Several Years)

_____ Fairly Well (Example: More than one semester)

_____ Not Very Well (Example: Less than one semester)

Evaluator's Position: Please check below.

Mandatory:

_____ English

_____ Math Instructor

_____ Guidance Counselor

Optional:

_____ Upper Level Science Instructor

_____ Coach / PE Instructor

_____ Other (Scout or Youth Leader)

Please tell us how you feel this candidate will perform at the college level in your area of expertise. Other information you feel will be helpful in evaluating this candidate will be appreciated. If you need more space, please use an additional sheet of paper. Thank you for your time and cooperation.