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| Candidate Name: | | | |
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| Date: | | Meeting Time: | Location: |
| Subcommittee Member Names: | Title | | |
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| General Comments: | | | |
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| Committee Recommendation: | | | |
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| (Please check one)  Recommend  Do not recommend | | | |

\*All members of the Continuing Contract Subcommittee must keep all information of this interview in the strictest confidence. No portion of the Subcommittee recommendations may be discussed in any capacity with the candidate. Subcommittee voting will be anonymous, even within the subcommittee.

\*\*Subcommittees must submit an envelope containing a hard-copy of this evaluation form, along with any notes taken during the interview to the Chair of the Continuing Contract Review Committee within one week following the completion of the Interview.