

**Candidate Evaluation Form
Faculty Affairs Office
Faculty of Medicine**

Candidate Name

Proposed Position

Department

Identify sources of information for this evaluation:

- | | |
|---|--|
| <input type="checkbox"/> curriculum vitae | <input type="checkbox"/> read research reports or publications |
| <input type="checkbox"/> in person meeting | <input type="checkbox"/> research co-investigator |
| <input type="checkbox"/> observed teaching | <input type="checkbox"/> read letters of recommendation |
| <input type="checkbox"/> attended research presentation | |
| <input type="checkbox"/> observed clinical care | |
| <input type="checkbox"/> other, please list: | |

	Rate from 1 to 5 with 1 being the highest	Comments
Clinical skills	Select..	
Research skills	Select..	
Research productivity- number and importance of publications	Select..	
Research funding	Select..	
Potential for research collaboration	Select..	
Teaching skills	Select..	
Experience in leadership positions	Select..	
Educational background and academic career	Select..	
Fit with department's needs and sense of mission	Select..	
Interpersonal skills	Select..	

Comments on Candidate' Personal Traits:

General Comments:

Other Comments Pertinent to Position:

Name of Evaluator

Date