

POCATELLO/CHUBBUCK SCHOOL DISTRICT
INDIVIDUAL RESPONSE FORM

Position Title: _____ Date: _____

Applicant's Name: _____ Interviewer's Name: _____

Directions to Advisory Committee Member: Rate each candidate according to the "listen fors" criterion for each question by placing a check-mark (✓) in the appropriate box - record your comments.

	<i>Rating: 1 - Below Avg; 2 - Avg; 3 - Above Avg; 4 - Excellent</i>				
Question Number	1	2	3	4	COMMENTS
Question #1					
Question #2					
Question #3					
Question #4					
Question #5					
Question #6					
Question #7					
Question #8					
Question #9					
Question #10					
Question #11					
Question #12					
Question #13					
Question #14					
Question #15					
Question #16					
Question #17					
Question #18					
Question #19					
Question #20					
Question #21					
Question #22					
Question #23					
Question #24					
Question #25					
TOTALS					TOTAL SCORE: _____

 Interviewer's Signature

 Date