

## Candidate Interview Feedback Form

Candidate Name:	
Meeting/Group:	
Date:	

### 1. Strengths

What do you believe are the candidate's key strengths?

### 2. Areas for Growth or Concern

What do you perceive as the candidate's weaknesses or areas needing development?

### 3. Overall Assessment

How well do you think the candidate would perform in this role?

- Yes – Strongly Recommend
- Maybe – Recommend with Reservations
- No – Do Not Recommend

### 4. Additional Comments

Please share any additional impressions, examples, or feedback about the candidate.