## Sample Initial Screening Evaluation Form— Individual Evaluation

Assistant Professor of Education and Human Development, Special Education

**Candidate Name: _____ Committee Member: _____**

Please circle one rating for each qualification.

**Required Qualifications:**

1. Evaluation of Academic Degrees

5 4 3 2 1
PhD ABD

*Comment on evidence that led to this rating:*

2. Teaching Experience in Education and Human Development- specifically Special Ed.

5 4 3 2 1
Extensive No teaching experience

*Comment of evidence that led to this rating:*

3. Scholarship

5 4 3 2 1
Extensive No scholarship

*Comment on evidence that led to this rating:*

**Preferred Qualifications:**

4. Ability to advise academic majors

5 4 3 2 1
Experienced No Experience

*Comment on evidence that led to this rating:*

5. Familiarity with classroom technologies

5 4 3 2 1
Excellent Poor

*Comment on evidence that led to this rating:*

Other comments:

Recommended for interview ? Yes No