

Interview Feedback Evaluation Sheet

Candidate Name:

Position:

Date:

Interviewer Name:

Evaluation Criteria

Criteria	Rating (1-5)	Comments
Technical Knowledge	<input type="text"/>	<input type="text"/>
Problem Solving	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Culture Fit	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

General Comments

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Overall Recommendation

Select	▼
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Signature:

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Date:

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