

Raymond School District  
Superintendent of Schools Candidate Feedback Form

<b>Circle whichever applies:</b> 1. Administrator 2. Teacher 3. Support staff 4. Student 5. Parent 6. Community member	Please circle the number which best represents how you feel about the candidate's ability for each characteristic, or leave blank if you are unable to assess.
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Candidate Name \_\_\_\_\_

Please rate, 5 being the highest, 1 the lowest and comment in each area.

1. Strength of leadership abilities. 1   2   3   4   5

Please comment on the specifics of this candidate's strengths and areas to improve;

2. Interactions with others. 1   2   3   4   5

Please discuss how this candidate interacted with you and others.

<b>Other Comments:</b>
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**Turn over as needed**