

Warren County School District

Evaluation Rating Form First Interview

Name of Candidate: _____

Date of Interview: _____

Rating Criteria:

Good = 2

Acceptable = 1

Unacceptable = 0

- | | | |
|----|--|-------|
| 1 | Experience: Educational and Personal | _____ |
| 2 | Leadership Responsibility | _____ |
| 3 | Interrelationship with Other Governmental Agencies | _____ |
| 4 | Curriculum, Program and Students | _____ |
| 5 | Finance, Budget and Business | _____ |
| 6 | Accountability | _____ |
| 7 | Board-Superintendent Relations | _____ |
| 8 | Public Relations | _____ |
| 9 | Personnel Practices | _____ |
| 10 | Planning: Vision | _____ |

TOTAL SCORE _____