

Candidate Assessment Form

**Department Head; Pharmaceutical & Biomedical Sciences
The University of Georgia
College of Pharmacy**

Date:

Candidate Name: _____

Qualifications/Experience: (Overall understanding and Practical Application)

Strengths:

Concerns:

**Communication Skills/Interpersonal Skills/Collaboration:
(Clarity of ideas, direct answers, personal presentation, perceived ability to work
with others)**

Strengths:

Concerns:

Leadership Skills: (Team building/Supervisory/Organizational and Management)

Strengths:

Concerns:

