

# Interview Assessment

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Punctuality.....On time...  or Late by \_\_\_\_\_ minutes  
(tick box)

2. Impressions	Very good	Good	OK	Needs work	Comments
Response to greetings					
Personal presentation					
Speech					
Non-verbal communication					
Departure					

3. Response to interviewer's questions	Very good	Good	OK	Needs work	Comments
Prepared responses					
Expanded on answers					
Positive responses					
Calm responses					

4. Interviewer's Signature \_\_\_\_\_

