

Candidate Evaluation Sheet – Department Chair/Institute Director Searches

Candidate's Name: _____

Are You a Member of the Search Committee? _____ (Yes or No)

Please indicate which of the following are true for you (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Read candidate's CV
<input type="checkbox"/> Read candidate's key publications
<input type="checkbox"/> Read candidate's letters of recommendation
<input type="checkbox"/> Other, please explain: | <input type="checkbox"/> Met 1:1 with candidate
<input type="checkbox"/> Attended lunch or dinner with candidate
<input type="checkbox"/> Attended candidate committee presentation |
|--|---|

Please rate the candidate on each of the following criteria:	Excellent	Good	Neutral	Fair	Poor	Unable to judge	Not applicable
Scholarship, e.g., quality and quantity of publications							
Research, e.g., quality of research, impact, extramural funding							
Clinical Expertise							
Teaching Record/Commitment							
Operations Experience							
Leadership experience/skills							
Mentorship experience for trainees and faculty							
Vision for Department/Institute							
Potential/demonstrated ability to work with diverse students, trainees and faculty and contribute to a climate of inclusion							
Potential for/evidence of collaboration							
Readiness to take on leadership role at Mount Sinai							

Comments: