



Spokane County Head Start/ECEAP/EHS INTERVIEW COMMITTEE RECOMMENDATIONS

Date _____ Position _____ Number Interviewed _____

Supervisor/Interview Committee Leader _____

Name	Position

Name	Position

Committee Recommendations (list candidates alphabetically and list strengths and weaknesses. Use additional sheets if necessary.)

1. _____ **Reference Checks** Yes No **Number of References Checked** _____

Education/Background _____

Strengths	Weaknesses
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