

Evaluation Form: Change Team Membership		
Candidate Name: <name>	Candidate Department Affiliation: <department name>	Evaluator Name: <name>
<p>Should this candidate be selected to serve on the Change Team?            Be specific beyond replying with “yes” or “no.”  <i>(Consider nomination forms received, interview with candidate, personal experiences, skills and competencies of individual, etc.)</i></p>		
<p>If you responded “no,” what specifically might this individual do to be considered for a role on the Change Team at a future date?  <i>(If none of the options on the right apply, please be specific in the Comments section below.)</i></p>	<p> <input type="checkbox"/> Gain more experience in organization (too junior)  <input type="checkbox"/> Increase collaboration across organization  <input type="checkbox"/> Show willingness to personally change  <input type="checkbox"/> Improve communication skills  <input type="checkbox"/> Gain more experience working on cross-functional teams  <input type="checkbox"/> Gain more experience working on change initiatives within workgroup/department  <input type="checkbox"/> Other: _____         </p>	
<p>Comments:</p>		