APPLICANT REVIEW FORM

POSITION: ASSISTANT PROFESSOR OF SPECIAL EDUCATION: Multicategorical Mild Disabilities / Assessment & Academic Interventions

Reviewer’s Signature: ________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Earned Doctorate Date/degree</th>
<th>2 years teaching experience</th>
<th>UG or GR teaching, Advising</th>
<th>Course/program development: sped &amp; gen ed</th>
<th>Online instruction, Distance ed</th>
<th>Collaboration, work across disciplines</th>
<th>Research agenda, publications</th>
<th>External Grant Potential</th>
<th>Service activities</th>
<th>Comments</th>
<th>Overall Rating 2-1-0</th>
</tr>
</thead>
</table>

2 = Exceeds Minimum Requirements
1 = Meets Minimum Requirements
0 = Does Not Meet Minimum Requirements