Clinton
PUBLIC SCHOOLS

INTERVIEW / RECOMMENDATION FORM

This document is fillable using Adobe Acrobat or can be printed and completed by hand.

Position: _____

Grade/School: _____ Subject: _____

Total Number of Applications Received: _____

Please list all applicants interviewed for this position (use an additional page if necessary):

Applicant	Interview Date & Time	Interview Conducted By

Recommendation: _____

Administrator's Signature _____ **Date** _____

Administrative Offices | 137-B Glenwood Road | Clinton, CT 06413 | Phone: 860-664-6500 | Fax: 860-664-6580