



Consultant Name		Evaluation Type <input type="checkbox"/> Interim <input type="checkbox"/> Subconsultant <input type="checkbox"/> Final	
Consultant Address		Project Title	
		Agreement Number	
Type of Work <input type="checkbox"/> Study <input type="checkbox"/> Design <input type="checkbox"/> R/W <input type="checkbox"/> PS&E <input type="checkbox"/> Other (Specify Below):		Type of Agreement <input type="checkbox"/> Lump Sum <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Cost Plus Fixed Fee <input type="checkbox"/> Other	
Complexity of Work <input type="checkbox"/> Difficult <input type="checkbox"/> Routine	Date Agreement Approved		
Amount of Original Agreement \$	Total Amount Modifications \$	Total Amount Agreement \$	
Completion Date Including Extensions	Actual Completion Date	Actual Total Paid \$	
Type and Extent of Subcontracting			

Performance Rating Scale (From Average Score Below)									
10	9	8	7	6	5	4	3	2	1
Superior		Above Reqmnts		Meets Reqmnts		Below Reqmnts		Poor	

Criteria	Comment	Score
1. Negotiations Cooperative and responsive.		
2. Cost / Budget Complete within agreement budget including supplements.		
3. Schedule Complete within agreement schedule including supplements.		
4. Technical Quality Met Standards.		
5. Communications Clear, Concise Communication (Oral, written, drawings).		
6. Management Team player. Managed subs. Accurate, timely invoices. Appropriate, periodic, accurate progress reports.		
<b>Total Score</b>		
<b>Average Score (Total Score / Number of criteria rated)</b>		

Rated By (Project Manager Name and Title)	Project Manager Signature	Date
Rated By (Area Consultant Liaison Name and Title)	Area Consultant Liaison Signature	Date
Executive Review (Name and Title)	Executive Signature	Date