

**Consultant Evaluation Form**

Consultant: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_ Length of Contract: \_\_\_\_\_

Funding Source/Rate: \_\_\_\_\_

*Attach a copy of the consultant's contract.*

Please rate the Consultant's performance in the areas listed. Your feedback is greatly appreciated.

**5=Outstanding 4=Above Satisfactory 3=Satisfactory 2=Below Satisfactory 1=Unacceptable**

**I. Schedule**

- a. Visibility in District as needed..... 5 4 3 2 1 NA
- b. Met all deadlines.....5 4 3 2 1 NA
- c. Maintains on-going and appropriate communication with Superintendent, Central Office Administrator or Designee.....5 4 3 2 1 NA

**II. Quality**

- a. Was project relevant .....5 4 3 2 1 NA
- b. Was project accurate and timely .....5 4 3 2 1 NA
- c. Were steps outlined and followed throughout the process .....5 4 3 2 1 NA

**III. Project Management**

- a. Able to work with others ..... 5 4 3 2 1 NA
- b. Exhibit appropriate interpersonal skills ..... 5 4 3 2 1 NA
- c. Implemented best practices for procurement and management of professional services..... 5 4 3 2 1 NA

**IV. Outcomes**

- a. Was task accomplished ..... 5 4 3 2 1 NA
- b. Was service a value-add/benefit to District ..... 5 4 3 2 1 NA
- c. Were resources maximized .....5 4 3 2 1 NA

Recommend continued employment? Yes / No

Why or why not? \_\_\_\_\_

\_\_\_\_\_

Signature of \*Person Completing Form: \_\_\_\_\_

*\*Board Member's signatures are optional\**