

**MARICOPA COUNTY
CONSULTANT EVALUATION FORM**

To be filled out by Department

Date _____	
Consultant Name _____	Project Name _____
Project Description _____	
Project Manager _____	Contract Number _____
Type of Review	<input type="checkbox"/> Intermediate <input type="checkbox"/> Final

This form is to be used for design and study contracts.

Rate each of the following using a scale 1 through 5. Mark categories that do not apply N/A (Not Applicable). Use this form at both intermediate and final reviews. Write comments, if any, in the space provided.

1	2	3	4	5
Needs Improvement		Satisfactory		Superior

TIMELINESS	RATING
	1 2 3 4 5
1. Timeliness of scoping and negotiations leading to timely signing of a contract _____ _____ _____	□ □ □ □ □
2. Work accomplished in accordance with the approved/updated schedule _____ _____ _____	□ □ □ □ □
3. Timely response to Department comments _____ _____ _____	□ □ □ □ □
4. Timely billings, billing questions resolved _____ _____ _____	□ □ □ □ □

KNOWLEDGE

1 2 3 4 5

5. Understanding of project objectives/scope of work by project manager/reviewer_____

6. Decision making/guidance by project manager_____

7. Awareness and resolution of criteria or policy changes affecting project outcome_____

8. Adequate coordination to resolve issues beyond the scope of work_____

COOPERATION/COMMUNICATIONS

9. Working relationship between Department staff and consultant_____

10. Communications during this project_____

11. Clarity of decisions or instructions from Department_____

12. Recognition and resolution of unusual or critical problems_____

QUALITY

13. Clarity of contract scope of work_____

14. Clarity of Department standards/expectations for drawings_____

	1	2	3	4	5
15. Clarity of Department standards/expectations for specifications _____ _____	<input type="checkbox"/>				
16. Clarity of review comments _____ _____	<input type="checkbox"/>				
17. Completeness of review comments _____ _____	<input type="checkbox"/>				
18. Appropriateness or relevancy of review comments for level of submittal _____ _____	<input type="checkbox"/>				
19. Maintained adequate and qualified management and review personnel throughout the project _____ _____	<input type="checkbox"/>				

TOTALS **1 2 3 4 5**

How well are we doing? How can we improve?

COMMENTS:

**MARICOPA COUNTY
DEPARTMENT EVALUATION FORM**

To be filled out by Consultant

Date _____	
Consultant Name _____	Project Name _____
Project Description _____	
Project Manager _____	Contract Number _____
Type of Review <input type="checkbox"/> Intermediate <input type="checkbox"/> Final	

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Rate each of the following using a scale 1 through 5. Mark categories that do not apply N/A (Not Applicable). Use this form at both intermediate and final reviews. Write comments, if any, in the space provided.

1	2	3	4	5
Needs Improvement		Satisfactory		Superior

The consultant may optionally elect to answer all of the categories that apply with comments and not fill out the number rating.

TIMELINESS	RATING
	1 2 3 4 5
20. Timeliness of scoping and negotiations leading to timely signing of a contract _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21. Materials furnished to consultant in a timely fashion _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
22. Timely response to consultant questions _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23. Timely reviews (meets schedule) _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
24. Timely payment of billings, billing questions resolved _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

KNOWLEDGE/INNOVATION

1 2 3 4 5

25. Organization of work_____

26. Value Engineering (i.e. savings in cost, design, maintenance)

27. Good understanding of project/scope of work_____

28. Recognition and resolution of unusual or critical problems____

COOPERATION/COMMUNICATIONS

29. Consultant working relationship/communication with Department

30. Consultant working relationship with outside Departments____

31. Compliance with contractual obligations_____

QUALITY

32. Deliverables/submittals complete in accordance with the scope

33. Produced clear, complete and accurate drawings per
Department's standards_____

34. Produced clear, complete and accurate specifications per
Department's standards_____

	1	2	3	4	5
35. Produced clear, complete and accurate design calculations _____ _____	<input type="checkbox"/>				
36. Produced clear, complete and accurate quantity calculations _____ _____	<input type="checkbox"/>				
37. Produced clear, complete and accurate reports _____ _____ _____	<input type="checkbox"/>				
38. Maintained adequate and qualified personnel throughout the project _____ _____ _____	<input type="checkbox"/>				
39. Performed quality control on items prior to submittal for review _____ _____	<input type="checkbox"/>				
40. Complete documentation _____ _____ _____	<input type="checkbox"/>				

TOTALS 1 2 3 4 5

How well are we doing? How can we improve?

COMMENTS:
