

Consulting Performance Evaluation Feedback Sheet

Consultant Information

Consultant Name

Project Name

Evaluation Date

Performance Criteria

Criteria	Rating (1-5)	Comments
Professionalism	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Problem Solving	<input type="text"/>	<input type="text"/>
Timeliness	<input type="text"/>	<input type="text"/>
Technical Competence	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Additional Comments

