

Annual Consultant Performance Appraisal Form

Consultant Information

Name

Position/Title

Department/Project

Review Period

Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	<input type="text"/>	<input type="text"/>
Timeliness	<input type="text"/>	<input type="text"/>
Communication Skills	<input type="text"/>	<input type="text"/>
Technical Knowledge	<input type="text"/>	<input type="text"/>
Teamwork/Collaboration	<input type="text"/>	<input type="text"/>
Problem Solving	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>

Strengths & Achievements

Describe the consultant’s strengths, achievements, and notable contributions during the review period.

Areas for Improvement

Describe areas where improvement is needed and possible actions for development.

Overall Comments

Additional comments and summary of overall performance.

Signatures

Consultant Signature

Date

Supervisor Signature

Date