

Client Feedback Evaluation Form

Client Name

Project Name

Date

Consultant Name

Evaluation Criteria

1. Professionalism

- 1
- 2
- 3
- 4
- 5

2. Communication

- 1
- 2
- 3
- 4
- 5

3. Expertise

- 1
- 2
- 3
- 4
- 5

4. Timeliness

- 1
- 2
- 3
- 4
- 5

5. Overall Satisfaction

- 1
- 2
- 3
- 4

Comments & Suggestions

Please provide any additional comments or suggestions: