

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: