

Consulting Engagement Performance Evaluation Sheet

Engagement Information

Consultant Name:

Client Name:

Project Title:

Evaluation Date:

Evaluator Name:

Performance Criteria

Criteria	Rating (1-5)	Comments
Professionalism	<input type="text"/>	<input type="text"/>
Project Delivery & Timeliness	<input type="text"/>	<input type="text"/>
Technical Expertise	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Problem Solving & Initiative	<input type="text"/>	<input type="text"/>
Client Satisfaction	<input type="text"/>	<input type="text"/>

Summary & Recommendations

Overall Comments:

Recommendations for Future Engagements: