

# Client Evaluation Survey

## Project Information

Client Name

Project Name

Consulting Team

Evaluation Date

## Evaluation

1. Consulting Team's Communication

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

2. Quality of Work Delivered

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

3. Timeliness of Deliverables

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

4. Understanding of Your Needs

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

5. Overall Satisfaction

- ☐ 1  
☐ 2  
☐ 3

- ☐ 4
- ☐ 5

What were the strengths of the consulting project?

What areas could be improved?

Additional comments or feedback

Would you consider working with us again in the future?

Select