

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 ▾