

Outcome-Based Client Feedback Form

Client Name

Organization

Email

Consulting Project / Service

Date of Feedback

YYYY-MM-DD

Project Outcomes

Briefly describe the desired outcome(s) for this consulting engagement:

Outcome Achievement

The consulting service achieved the agreed-upon outcomes.

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Comments:

Consultant Performance

Consultant demonstrated expertise and professionalism.

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Communication was clear and effective.

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Additional comments on consultant performance:

Impact and Value

The consulting engagement delivered measurable value.

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Comments on value and impact achieved:

Overall Satisfaction

Overall satisfaction with the consulting services.

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Additional comments or suggestions: