

Process Optimization Consulting Evaluation Form

General Information

Company Name

Consultant Name

Evaluation Date

Evaluation Criteria

1. Understanding of Business Needs

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. Problem Identification & Analysis

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. Quality of Recommendations

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. Implementation Support

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. Communication & Collaboration

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments

Strengths

Areas for Improvement

General Comments

Reviewer Details

Reviewer Name

Signature

Date