

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