Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name:
Consultant's Project Manager:
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.)

Type of Work:

☐ Roadway Design ☐ Plans Specs & Estimates ☐ Transportation Study ☐ Right-of-Way ☐ Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

	Start Date	End Date	Dollar Amount of Services
☐ Prime ☐ Sub			

Performance Evaluation

Rating Criteria Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	Score 1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	
2. Did the firm complete the project within the total budgeted amount?	
3. Did the firm complete the project within the contract schedule(s)?	
4. Did the firm meet all of your technical standards and quality expectations?	
5. Was the firm's communication, both oral and written, clear and concise?	
6. Was the firm's project management system effective?	
Total Score (Total the score by adding the scores for criterias 1 through 6.)	0.00
Average Score (Average the score by dividing the total score by the total number of criteria that was rated.)	0.00

Evaluator Information:

Firm/Company Name:		
Evaluator's Name:	Evaluator's Title:	
Firm/Company Address:		
Phone:	Fax:	Date:

Distribution: ☐ Original: Return to Consultant being evaluated; and

☐ Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Rev. 2014