

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	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	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 wsdotco@wsdot.wa.gov