

# 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?

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2. Did the firm complete the project within the total budgeted amount?

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3. Did the firm complete the project within the contract schedule(s)?

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4. Did the firm meet all of your technical standards and quality expectations?

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5. Was the firm's communication, both oral and written, clear and concise?

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6. Was the firm's project management system effective?

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## Total Score

(Total the score by adding the scores for criterias 1 through 6.)

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## Average Score

(Average the score by dividing the total score by the total number of criteria that was rated.)

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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

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Copy: Fax to WSDOT at 360-705-6838 or email to [wsdotcso@wsdot.wa.gov](mailto:wsdotcso@wsdot.wa.gov)