Washington State Department of Transportation

Performance Evaluation Consultant Services

Consultant Name	Evaluation Type ☐ Interim ☐ Subconsultant ☐ Final
Consultant Address	Project Title
	Agreement Number
Type of Work ☐ Study ☐ Design ☐ R/W ☐ PS&E ☐ Other (Specify Below):	Type of Agreement ☐ Lump Sum ☐ Hourly Rate ☐ Cost Plus Fixed Fee ☐ Other
Complexity of Work ☐ Difficult ☐ Routine / Date Agreement Approved	

Amount of Original Agreement	Total Amount Modifications	Total Amount Agreement
$	$	$
Completion Date Including Extensions	**Actual Completion Date**	**Actual Total Paid**
		$

Type and Extent of Subcontracting

Performance Rating Scale (From Average Score Below)

10 9	8 7	6 5	4 3	2 1
Superior	Above Reqmnts	Meets Reqmnts	Below Reqmnts	Poor

Criteria	Comment	Score
1. Negotiations Cooperative and responsive.		
2. Cost / Budget Complete within agreement budget including supplements.		
3. Schedule Complete within agreement schedule including supplements.		
4. Technical Quality Met Standards.		
5. Communications Clear, Concise Communication (Oral, written, drawings).		
6. Management Team player. Managed subs. Accurate, timely invoices. Appropriate, periodic, accurate progress reports.		
Total Score		
Average Score (Total Score / Number of criteria rated)		

Rated By (Project Manager Name and Title)	Project Manager Signature	Date
Rated By (Area Consultant Liaison Name and Title)	Area Consultant Liaison Signature	Date
Executive Review (Name and Title)	Executive Signature	Date

DOT Form 272-019
Revised 3/2002

Distribution: Original: Consultant
Copies: Project Manager - Area Consultant Liaison - Consultant Services Office