

SAMPLE

CITY OF \_\_\_\_\_

CONSULTANT EVALUATION INTERVIEW FORM

FIRM \_\_\_\_\_  
 DATE \_\_\_\_\_  
 INTERVIEWER \_\_\_\_\_

<u>Category</u>	<u>RATING</u> (Poor to Good) 1 2 3 4 5 6 7 8 9 10	<u>Weighting</u> <u>Factor</u>	<u>Total</u>
Experience of firm in similar projects	_____	0.20	_____
Experience of Project Manager	_____	0.15	_____
Experience of principal staff	_____	0.10	_____
Firms' understanding of project	_____	0.20	_____
Firms' approach to project	_____	0.25	_____
Has project team worked together on other projects?	_____	0.05	_____
Will firm complete project on schedule - other projects on their work schedule?	_____	0.15	_____
Firms' change order record	_____	0.15	_____
Overall quality of presentation	_____	0.10	_____
Location of office where work will be performed	_____	0.05	_____
<b>GRAND TOTAL OF WEIGHTED POINTS</b>			_____