Department of Administrative Services---Professional Services Evaluation

FIRM:_____
PROJECT:_____
RATER:_____ DATE:_____
SIGNATURE:_____
Please rate the following criteria on a scale of 1 to 4. Comments are required for scores of 1 or 4.

1 = Poor 2 = Fair 3 = Good 4 = Excellent

1. Project was completed within the established budget with minimal change orders. Comments:	
2. Project was completed within the established schedule. Comments:	
3. Firm demonstrated expertise for the specialties of the project. Comments:	
4. Project was designed to meet the agency's essential needs. Comments:	
5. Timely submission of work products, shop drawings, change orders, applications for payment and/or Requests for Information (RFI). Comments:	
6. Firm kept all members of the project team informed throughout the project. Comments:	
7. Firm was familiar with the review requirements of various agencies (Architectural Accessibility, Fire Marshal, Technical Services and Local Codes). Comments:	
8. Design documents, work products, submittals were clear, concise and easy to read. Comments:	
9. Firm made recommendations that resulted in lower construction costs or a reduction in operating expenses. Comments:	
10. Incomplete project issues were resolved in a timely manner during punchlist and closeout. Comments:	
TOTAL SCORE:	

FINAL RATING ***10 - 15 = Poor 16 - 25 = Fair 26 - 34 = Good 35 - 40 = Excellent***

Reviewer Name: _____

Signature: _____Date: _____