

INDIVIDUAL EVALUATION FORM FOR PROFESSIONAL SERVICES

INDIVIDUAL/FIRM NAME: _____

PROJECT: _____

PROJECT NO. (if applicable): _____

Rating Scale (Circle One)

CRITERIA	Weight*	Excellent	Good	Average	Below Average	Poor	SCORE
1. Experience/Professional Qualifications	4x	5	4	3	2	1	= _____
Comments:							
2. Past Performance	3x	5	4	3	2	1	= _____
Comments:							
3. Ability to Meet Project Schedule	2x	5	4	3	2	1	= _____
Comments:							
4. Other: _____	1x	5	4	3	2	1	= _____
Comments:							
5. Other: _____	1x	5	4	3	2	1	= _____
Comments:							

TOTAL SCORE: _____

(Attach additional sheets if necessary)

EVALUATOR: _____ DATE: _____

* **Note to Evaluators:** The number of points given to an individual/firm for a particular criteria shall be multiplied by the weight of the criteria. For example, if the evaluator gives a rating of excellent (5) for criteria number 1, the rating shall be multiplied by the weight (4). Therefore the score for criteria no. 1 would be 20. All scores shall be transferred to the Evaluation Summary Abstract (OPRPM Form 134).