

# 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.)

<input type="checkbox"/> Prime  <input type="checkbox"/> Sub	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Start Date</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Start Date		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">End Date</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	End Date		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Dollar Amount of Services</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Dollar Amount of Services	
Start Date									
End Date									
Dollar Amount of Services									

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?  
\_\_\_\_\_
2. Did the firm complete the project within the total budgeted amount?  
\_\_\_\_\_
3. Did the firm complete the project within the contract schedule(s)?  
\_\_\_\_\_
4. Did the firm meet all of your technical standards and quality expectations?  
\_\_\_\_\_
5. Was the firm's communication, both oral and written, clear and concise?  
\_\_\_\_\_
6. Was the firm's project management system effective?  
\_\_\_\_\_

**Total Score**

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

**Average Score**

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

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