

MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION DEPARTMENT EVALUATION FORM

To be filled out by Consultant

Date	Enter Date	Project Name	Project Name
Consultant Name	Consultant Name	Contract Number	Contract Number
Project Description	Project Description		
Project Manager	Project Manager		
Type of Review	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Final	

This form is to be used for design and study contracts.

Rate each of the following using a scale 1 through 5. Mark categories that do not apply N/A (Not Applicable). Use this form at both intermediate and final reviews. Write comments, if any, in the space provided.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Needs Improvement		Satisfactory		Superior

TIMELINESS

RATING

- | | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Timeliness of scoping and negotiations leading to timely signing of a contract
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Materials furnished to consultant in a timely fashion
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Timely response to consultant questions
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Timely reviews (meets schedule)
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Timely payment of billings, billing questions resolved
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

KNOWLEDGE

RATING

- | | 1 | 2 | 3 | 4 | 5 |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Organization of work
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Value Engineering (i.e. savings in cost, design, maintenance) schedule
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Good understanding of project/scope of work
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Recognition and resolution of unusual or critical problems
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COOPERATION/COMMUNICATIONS

RATING

- | | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Consultant working relationship/communication with Department
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Consultant working relationship with outside Departments
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Compliance with contractual obligations
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

QUALITY

RATING

- | | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Deliverables/submittals complete in accordance with the scope
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Produced clear, complete and accurate drawings per Department's standards
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Produced clear, complete and accurate specifications per Department's standards
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Produced clear, complete and accurate design calculations
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Produced clear, complete and accurate quantity calculations
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Produced clear, complete and accurate reports
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Maintained adequate and qualified personnel throughout the project
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Performed quality control on items prior to submittal for review
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Complete documentation
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	1	2	3	4	5
TOTALS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How well are we doing? How can we improve?
Click here to enter text.

MARICOPA COUNTY CONSULTANT EVALUATION FORM

To be filled out by Department

Date	Enter Date	Project Name	Project Name
Consultant Name	Consultant Name	Contract Number	Contract Number
Project Description	Project Description		
Project Manager	Project Manager	<input type="checkbox"/> Final	
Type of Review	<input type="checkbox"/> Intermediate		

This form is to be used for design and study contracts.

Rate each of the following using a scale 1 through 5. Mark categories that do not apply N/A (Not Applicable). Use this form at both intermediate and final reviews. Write comments, if any, in the space provided.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Needs Improvement		Satisfactory		Superior

TIMELINESS

RATING

- | | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Timeliness of scoping and negotiations leading to timely signing of a contract
<small>Click here to enter text.</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Work accomplished in accordance with the approved/updated schedule

<small>Click here to enter text.</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timely response to Department comments
<small>Click here to enter text.</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Timely billings, billing questions resolved
<small>Click here to enter text.</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

KNOWLEDGE

RATING

- | | 1 | 2 | 3 | 4 | 5 |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Understanding of project objectives/scope of work by project manager/reviewer
<small>Click here to enter text.</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Decision making/guidance by project manager
<small>Click here to enter text.</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Awareness and resolution of criteria or policy changes affecting project outcome
<small>Click here to enter text.</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Adequate coordination to resolve issues beyond the scope of work
<small>Click here to enter text.</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COOPERATION/COMMUNICATIONS

RATING

- | | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Working relationship between Department staff and consultant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Click here to enter text.
- 2. Communications during this project
Click here to enter text.
- 3. Clarity of decisions or instructions from Department
Click here to enter text.
- 4. Recognition and resolution of unusual or critical problems
Click here to enter text.

QUALITY

RATING

- | | 1 | 2 | 3 | 4 | 5 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Clarity of contract scope of work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Clarity of Department standards/expectations for drawings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Clarity of Department standards/expectations for specifications <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Clarity of review comments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Completeness of review comments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Click here to enter text. | | | | | |
| 7. Appropriateness or relevancy of review comments for level of submittal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Click here to enter text. | | | | | |
| 9. Maintained adequate and qualified management and review personnel throughout the project <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	1	2	3	4	5
TOTALS	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

How well are we doing? How can we improve?
Click here to enter text.