

# MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION DEPARTMENT EVALUATION FORM

*To be filled out by Consultant*

<b>Date</b>	Enter Date	<b>Project Name</b>	Project Name
<b>Consultant Name</b>	Consultant Name		
<b>Project Description</b>	Project Description		
<b>Project Manager</b>	Project Manager	<b>Contract Number</b>	Contract Number
<b>Type of Review</b>	<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"/>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Needs Improvement</b>		<b>Satisfactory</b>		<b>Superior</b>

## TIMELINESS

### RATING

- |   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Timeliness of scoping and negotiations leading to timely signing of a contract<br><a href="#">Click here to enter text.</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Materials furnished to consultant in a timely fashion<br><a href="#">Click here to enter text.</a>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Timely response to consultant questions<br><a href="#">Click here to enter text.</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Timely reviews (meets schedule)<br><a href="#">Click here to enter text.</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Timely payment of billings, billing questions resolved<br><a href="#">Click here to enter text.</a>                         | <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<br><a href="#">Click here to enter text.</a>   | <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<br><a href="#">Click here to enter text.</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Good understanding of project/scope of work<br><a href="#">Click here to enter text.</a>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Recognition and resolution of unusual or critical problems<br><a href="#">Click here to enter text.</a>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**COOPERATION/COMMUNICATIONS**

**RATING**

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

**QUALITY**

**RATING**

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 |
| 1. Clarity of contract scope of work<br><a href="#">Click here to enter text.</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Clarity of Department standards/expectations for drawings<br><a href="#">Click here to enter text.</a>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Clarity of Department standards/expectations for specifications<br><a href="#">Click here to enter text.</a>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Clarity of review comments<br><a href="#">Click here to enter text.</a>   | <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"/> |
| 6. <a href="#">Click here to enter text.</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| 8. <a href="#">Click here to enter text.</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Maintained adequate and qualified management and review personnel throughout the project<br><a href="#">Click here to enter text.</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>TOTALS</b>	<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*

<b>Date</b>	Enter Date	<b>Project Name</b>	Project Name
<b>Consultant Name</b>	Consultant Name		
<b>Project Description</b>	Project Description		
<b>Project Manager</b>	Project Manager	<b>Contract Number</b>	Contract Number
<b>Type of Review</b>	<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"/>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Needs Improvement</b>		<b>Satisfactory</b>		<b>Superior</b>

### TIMELINESS

#### RATING

- |  | 1                        | 2                        | 3                        | 4                        | 5                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Timeliness of scoping and negotiations leading to timely signing of a contract<br><a href="#">Click here to enter text.</a> | <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<br><br><a href="#">Click here to enter text.</a>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timely response to Department comments<br><a href="#">Click here to enter text.</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Timely billings, billing questions resolved<br><a href="#">Click here to enter text.</a>                                    | <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<br><a href="#">Click here to enter text.</a>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Decision making/guidance by project manager<br>schedule<br><a href="#">Click here to enter text.</a>                          | <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<br><a href="#">Click here to enter text.</a> | <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<br><a href="#">Click here to enter text.</a>                 | <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**

- |   | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Deliverables/submittals complete in accordance with the scope<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Click here to enter text.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Complete documentation<br>Click here to enter text.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>TOTALS</b>	<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.