

## INDIVIDUAL EVALUATION FORM FOR PROFESSIONAL SERVICES

INDIVIDUAL/FIRM NAME: \_\_\_\_\_

PROJECT: \_\_\_\_\_

PROJECT NO. (if applicable): \_\_\_\_\_

Rating Scale (Circle One)

CRITERIA	Weight*	Excellent (5)	Good (4)	Average (3)	Below Average (2)	Poor (1)	SCORE
1. Experience/Professional Qualifications	4x	_____	_____	_____	_____	_____	= _____
Comments:							
2. Past Performance	3x	_____	_____	_____	_____	_____	= _____
Comments:							
3. Ability to Meet Project Schedule	2x	_____	_____	_____	_____	_____	= _____
Comments:							
4. Other: _____	1x	_____	_____	_____	_____	_____	= _____
Comments:							
5. Other: _____	1x	_____	_____	_____	_____	_____	= _____
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 (OPM Form 134).