



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Consultant Evaluation

PO NUMBER _____

School/Department Safe Schools Center
 Name of Consultant The Mental Health Assoc of PBC
 Contract Period From 8/18/05 To 6/30/06

Rating: 5 - Superior 4 - Satisfactory Plus 3 - Satisfactory 2 - Satisfactory Minus 1- Unsatisfactory

JOB KNOWLEDGE AND SKILL

	5	4	3	2	1
1. Technical and procedural know-how to complete the project					
2. Knowledge of his/her specialty area					
3. Ingenuity, creativity, and innovation					
4. General quality of the work performed					

PRODUCTIVITY

1. Services provided matched the specifications of the contract					
2. Results produced					
3. Ability to meet goals as scheduled					
4. Success of the project					

COMMUNICATION

1. Listening skills					
2. Returned phone calls, follow-up information, etc. in a timely manner					
3. Overall communication skills					
4. Overall accessibility/availability					

INTERACTION

1. Working relationships with teachers and/or students					
2. Ability to work as part of a team					
3. Status updates and information received as the project progressed					

Rating: A - Agree D - Disagree N/A - Not Applicable

	A	D	N/A
1. Demonstrates dependability			
2. Demonstrates ingenuity/creativity/innovation			
3. Performs well under pressure			
4. Effective when presenting ideas orally			
5. Expresses ideas clearly and uses correct grammar in written communication			
6. Listens effectively			
7. Provides feedback in a constructive and timely manner			
8. Is self-reliant and requires little or no supervision			
9. Treats staff and/or students with fairness, respect and integrity.			

I would hire this consultant again. Yes No

 SIGNATURE OF EVALUATOR

 DATE

 PRINT NAME OF EVALUATOR