



**THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
Consultant Evaluation**

PO NUMBER
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School/Department \_\_\_\_\_

Name of Consultant \_\_\_\_\_

Contract Period From \_\_\_\_\_ To \_\_\_\_\_

**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					
5. Student Assessment					

**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