



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Consultant Evaluation

PO NUMBER

School/Department Exceptional Student Education
 Name of Consultant EBS Healthcare
 Contract Period From August 9, 2006 To June 05, 2007

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

Sue Alex, Program Planner

PRINT NAME OF EVALUATOR