

APPENDIX 2B: CONSULTANT RATING SHEET



CONSULTANT RATING SHEET

Consultant: _____

Rater's Name: _____ Date: _____

RATE EACH OF THE FOLLOWING:

Qualifications:

Very Weak Weak Moderate Strong Extremely Strong

Experience with similar projects

Very Weak Weak Moderate Strong Extremely Strong

Experience with similar clients

Very Weak Weak Moderate Strong Extremely Strong

Cost and other business terms

Very Weak Weak Moderate Strong Extremely Strong

Compatibility (will be easy to work with)

Very Weak Weak Moderate Strong Extremely Strong

Availability (seems interested in project and available to work in your time frame)

Very Weak Weak Moderate Strong Extremely Strong

Notes on overall **STRENGTHS**: _____

Notes on overall **WEAKNESSES**: _____

Additional questions or concerns that need further clarification: _____

Reference check information: _____
