

Professional Services Evaluation

Division of Administration and Finance
 Planning + Design + Construction
 PO Box 210186 • Cincinnati, Ohio 45221-0186



Firm Name: _____ Project Contact Name _____

Date _____ Project No. _____ Project Name _____

Service(s) Rated: Architecture/Engineering Construction Management Other: _____
 (check all that apply)

Phase Project Service(s) Rated Pre-Construction (planning, design & bidding) Construction (construction & closeout)

Please rate the effectiveness of the professional service firm's performance on the capital improvement project across the following dimensions:

Evaluation Criteria: 0 = N/A 1 = Low 5 = Moderate 10 = High

Performance Dimensions:		Value	Score
1) Expertise, knowledge and experience	Fulfilled commitment to maintaining proposed Team for duration of project (including EDGE).	0-10	
2) Problem solving and decision making	Provided effective & creative problem solving & fair decision making.	0-10	
3) Timeliness and responsiveness	Performed responsibilities & provided feedback to inquiries in a timely manner.	0-10	
4) Process facilitation, communication and partnering	Effective project documentation & communication in facilitating a successful project.	0-10	
5) Scope management	Identified, tracked & managed changes within project.	0-10	
6) Schedule management	Effectively managed project schedule and completed deliverables on time	0-10	
7) Budget management	Provided valuable input & leadership to manage project on budget.	0-10	
8) Quality management	Ensured quality design/construction & deliverables through demonstrated QA/QC processes.	0-10	
9) Risk management	Provided thorough guidance and effective action in managing/balancing project risks.	0-10	
10) Overall project management	Delivered effective overall project management for owners.	0-10	
Total		0-100	

Based on these comments, would you recommend this professional service firm/team for comparable work in the future?

Yes No

Please provide any comments regarding the professional service firm's project administration performance or the quality of its deliverables.

Comments:

Name (optional) _____ Telephone Number (optional) () - _____

Stakeholder Group: Contracting Authority A/E CM Contractor
 (self representative)

If mailing completed evaluation, please forward to the address noted above, attention: Project Manager.