PAST PERFORMANCE EVALUATION FORM

Contractor: _____ Name of Organization: _____

Type of service received: _____ Contract Number: _____

Contract Amount: _____ Period of Performance: _____

Please check the appropriate box.

Performance Elements

	Unacceptable	Poor	Acceptable	Good	Excellent
Quality of Services/ Work	○	○	○	○	○
Timeliness of Performance	○	○	○	○	○
Cost Control	○	○	○	○	○
Business Relations	○	○	○	○	○
Customer Satisfaction	○	○	○	○	○

Please comment on the contractor's overall performance:

Evaluator's Name & Position: _____ Telephone Number: _____

Evaluator's Signature: _____ Date: _____