Clear Form

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# CONSULTANT RATING / EVALUATION - BRIDGE, BRIDGE REHABILITATION, ROADWAY AND TRAFFIC

Des No.: _____ Structure: _____ Date: _____

Project Manager: _____

RFC Date: _____ Proj. Coordinator: _____

◉ Lead or ○ Sub Consultant Responsible for Deliverable

_____

Route: _____ District: _____

Contract No.: _____ Kin: _____ Work Type: _____

Description: _____

_____

**REVIEW POINTS**

◉ 1. Stage 1

○ 2. Stage 2

○ 3. Stage 3

○ 4. Special _____

**REVIEWER'S RATING ITEMS**

| | |
|---|---|
| Design Concept: | NA |
| Design Elements: | NA |
| Plan/Report Quality: | NA |
| Documentation of Work: | NA |
| Responsiveness | NA |

+2 Exceed Expectations
0 Satisfactory
-1 Improvement Required
-3 Unsatisfactory

**DIRECTIONS TO CONSULTANT**

Make A Selection

Other: _____

Reviewer's Signature: _____ Date: _____

Reviewer's Printed Name: _____

Reviewer's Telephone.: _____