## **Consulting Engagement Evaluation Form**

Date:		
Client Name:		
Consultant Name:	 _	

## **Evaluation Criteria**

- 1. Quality of Work:
- 2. Communication Skills:
- 3. Timeliness:
- 4. Understanding of Client Needs:
- 5. Overall Satisfaction:

## **Additional Comments**

## Recommendation

Would you	recommend	this consu	ltant to othe	ers? (Yes/N	(o)
Signature:			_		