

# Consultant Performance Appraisal

Date: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

Consultant Position: \_\_\_\_\_

## Performance Evaluation

Evaluator Name: \_\_\_\_\_

Evaluator Position: \_\_\_\_\_

### Evaluation Criteria

- Quality of Work: \_\_\_\_\_
- Communication Skills: \_\_\_\_\_
- Timeliness: \_\_\_\_\_
- Problem Solving: \_\_\_\_\_
- Team Collaboration: \_\_\_\_\_

### Overall Performance Summary

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### Goals for Next Review Period

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### Additional Comments

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Evaluator Signature: \_\_\_\_\_

Consultant Signature: \_\_\_\_\_