# **Internal Consultancy Evaluation Criteria**

Date:			
To: [Consultant's Name]			
From: [Your Name]			
Subject: Evaluation of Inte	rnal Consultancy		

## **Evaluation Criteria**

### 1. Understanding of Business Needs:

- o Clarity in understanding project objectives.
- o Alignment of consultancy approach with business goals.

#### 2. Expertise and Knowledge:

- o Relevant experience in similar projects.
- Demonstration of subject matter expertise.

#### 3. Quality of Deliverables:

- o Adherence to deadlines and timelines.
- Quality and thoroughness of reports and presentations.

#### 4. Communication Skills:

- Effectiveness in conveying ideas and solutions.
- Responsiveness to feedback and questions.

#### 5. Impact on the Organization:

- o Measurable outcomes and improvements.
- o Stakeholder satisfaction and engagement.

Please provide your feedback based on the above criteria by [specific deadline].

Thank you for your cooperation.

Best Regards,

[Your Name]

[Your Position]