

Contractor Performance Evaluation Form

Contractor and Project Details

Contractor Name: _____

Project Title: _____

Project Start and End Dates: _____

Evaluation Date: _____

Evaluator Name: _____

Performance Evaluation

1. Project Planning and Organization:

- Did the contractor effectively plan and organize tasks?

Excellent Good Satisfactory Poor

- Comments:

2. Quality of Execution:

- Rate the overall quality of the completed work.

Excellent Good Satisfactory Poor

3. Client Satisfaction:

- How satisfied were the clients with the contractor's work?

Very Satisfied Satisfied Neutral Dissatisfied

Adherence to Budget and Resources

Category	Stayed Within Budget	Exceeded Budget	Efficiently Used Resources
Labor Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials and Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equipment Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Recommendations for Future Work

- **Specific suggestions for improvement or acknowledgment of strong performance:**

Signature of Evaluator

Signature: _____

Date: _____