

**PERFORMANCE EVALUATION for Personal, Professional, Consulting or Social Service Contracts
Agency: UNIVERSITY OF LOUISIANA AT LAFAYETTE**

Department/Office Name:

Contractor Name:

PO/Contract #:

DOA LaGOV#:

Contract Amount:

Actual Amount Paid:

Contract Begin Date:

Contract End Date:

Date Actual Work Initiated:

Actual Date Work Completed:

List Contract Amendments by Number & Reason(s):

1. Provide the Description of Services:

2. Deliverable Products:

What was the final product?

Was final product delivered on time? _____ Yes _____ No

Was the final product usable? _____ Yes **How they were usable?**

_____ No **Why were they not usable?**
(Attach Additional Sheets if Necessary.)

3. Were there any Problems Encountered: _____ Yes _____ No

4. Overall Performance (check one): _____ Satisfactory _____ Unsatisfactory

5. List Weak Points:

6. List Strong Points:

7. Would you hire this Contractor again? _____ Yes _____ No

Signature of Program Official responsible for monitoring and final acceptance

Date: _____

Print Name: _____

Phone # : _____