PERFORMANCE EVALUATION FORM FOR
INDIVIDUAL CONSULTANTS

(Last payment will not be made if this form is not completed by the Requesting Officer by the end of the assignment and submitted to Personnel)

1. General
Date:
Consultant Name: ___________________________ Contract Number: ________________________
Project: __________________________________________________________________
Title: __________________________________________________________________
Dept./Duty Station: __________________________________________________________________
Brief/Description of Tasks completed:
______________________________________________________________________________________
______________________________________________________________________________________
Start Date: ___________________________________  End Date: ________________________________
Countries visited during assignment: ________________________________________________________
______________________________________________________________________________________

2. Please rate the consultant in the following areas:
(1 = Excellent, 2 = Very Good, 3 = Fair, 4 = Poor, and 5 = Unsatisfactory)

1. Technical expertise in the subject area of the assignment? ☐
2. Imagination? ☐
3. Initiative? ☐
4. Interpersonal skills? ☐
5. Quality of the reports submitted? ☐
6. Timeliness of reports submitted? ☐
7. Linguistic skills? ☐

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3. Please make any further comment that you feel should remain on the consultant’s file:

4. Should this consultant remain on the roster?    Yes ☐    No ☐

5. Do you want restricted access to the information in Parts 2 & 3? (Provided at the discretion of management)    Yes ☐    No ☐

Name and Signature of Evaluator: ____________________________________________________