

General Information

Date: _____ Project Name: _____ Project Number: _____
 Committee Member: _____ Signature: _____

Reference Information

Consultant Name: _____ Consultant ID: _____
 Owner/Company Name of Reference: _____
 Person Contacted Name: _____ Title: _____
 Phone: _____ Email: _____
 Project Description: _____

Start Date: _____ End Date: _____ Project Cost: _____

Was the project performed on schedule and within budget? If not, was the firm responsible?

Any comments on overall performance and quality of work/service?

Would you work with the firm again? If not please explain.

Questions – please provide a rating for each.

E-Excellent G-Good S-Satisfactory U-Unsatisfactory	E	G	S	U
Cooperation with owner’s representative, response to requests, questions, accessibility, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional staffing and experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination with Consultants and accuracy of documents (Mechanical, structural, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adhere to design schedule, budget and owner expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction phase services and monitoring the quality of the work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>