



**Contractual Evaluation Form  
For Continuing Services Contracts**

**Performance Evaluation**

**Agency Name:** Delgado Community College

**Office Name:** \_\_\_\_\_

**DOA Contract Number:** \_\_\_\_\_

**CFMS Contract Number:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

**Contract Amount:** \$ \_\_\_\_\_

**Actual Amount Paid:** \$ \_\_\_\_\_

**Contract Begin Date:** \_\_\_\_\_

**Contract End Date:** \_\_\_\_\_

**Contract Modifications:**  
**Number:** \_\_\_\_\_  
**Reason(s):** \_\_\_\_\_

**Description of Services:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deliverable Products: Were they delivered on time and were they usable, if so, how? If not, why not? Were any problems encountered?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use the rating codes below to evaluate the contractual service:  
Overall Performance:**

Rating	Scale
___ 4 =	Above average (noticeably competent)
___ 3 =	Average (satisfactory, no major problems)
___ 2 =	Marginal (fair)
___ 1 =	Not observed or applicable

**Would you hire this contractor again?    \_\_\_ yes    \_\_\_ no**

**Program Official responsible for monitoring and final acceptance:**  
**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_