



**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: _____