



**Contractual Evaluation Form
For Continuing Services Contracts**

PERFORMANCE EVALUATION

Agency Name: Delgado Community College

Office Name: _____

PROACT Number: _____

LA GOV 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:** _____

Signature: _____ **Date:** _____