

**PERFORMANCE EVALUATION for Personal, Professional, Consulting or Social Service Contracts
Agency: LOUISIANA STATE UNIVERSITY AND A&M COLLEGE**

Department/Office Name: _____

Contractor Name: _____

LSU Contract #: _____

OCR #: _____

CFMS #: _____

Contract Amount: _____

Actual Amount Paid: _____

Contract Cost Basis: _____

Contract Begin Date: _____

Contract End Date: _____

Date Actual Work Initiated: _____

Actual Date Work Completed: _____

List Contract Amendments by Number & Reason(s):

1. Provide the Description of Services:

2. Deliverable Products:

What was the final product?

Was final product delivered on time? _____ Yes _____ No

Were the final product usable? _____ Yes **How they were usable?**
_____ No **Why were they not usable?**

3. Were there any Problems Encountered: _____ Yes _____ No

4. Overall Performance (check one): _____ Satisfactory _____ Unsatisfactory

5. List Weak Points:

6. List Strong Points:

7. Would you hire this Contractor again? _____ Yes _____ No

Date: _____

Signature of Program Official responsible for monitoring and final acceptance

Print Name: _____

Phone # : _____