

Independent Contractor Performance Evaluation

Contractor Name

Project/Service

Evaluator Name

Evaluation Date

Criteria	Rating (1-5)	Comments
Quality of Work	<input type="text"/>	<input type="text"/>
Timeliness	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>
Adherence to Budget	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Additional Comments