

Consulting Services Assessment Form

Client / Client Representative: _____

Assignment: _____

Consultant Name: _____ **Date:** _____

The Consultant...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Listened carefully to the Client's needs	1	2	3	4
2. Demonstrated understanding of the Client's needs	1	2	3	4
3. Demonstrated knowledge of potential approaches	1	2	3	4
4. Researched the issue(s) thoroughly	1	2	3	4
5. Explained the implications of potential approaches	1	2	3	4
6. Helped Client select relevant and useful solutions	1	2	3	4
7. Guided Client through the process from start to end	1	2	3	4
8. Managed time and project resources effectively	1	2	3	4
9. Showed enthusiasm throughout the process	1	2	3	4
10. Contributed valuable knowledge and skill	1	2	3	4

Expectations

11. The solution yielded the results the Client expected	1	2	3	4
12. Overall I am satisfied with the Consultant's services	1	2	3	4

If you had to make one suggestion for improvement to the Consultant, what would it be?

We would appreciate a testimonial from you, regarding our work on this assignment.
