

**PERFORMANCE EVALUATION for Personal, Professional, Consulting or Social Service Contracts  
Agency: UNIVERSITY OF LOUISIANA AT LAFAYETTE**

**Department/Office Name:**

**Contractor Name:**

**PO/Contract #:**

**DOA LaGOV#:**

**Contract Amount:**

**Actual Amount Paid:**

**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

**Was the final product usable?**  Yes **How they were usable?**

No **Why were they not usable?**  
**(Attach Additional Sheets if Necessary.)**

**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

\_\_\_\_\_  
*Signature of Program Official responsible for monitoring and final acceptance*

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Phone # :** \_\_\_\_\_