**Contractor Name**:       **Service**:

**Evaluator:**       **Date:**

1. Required training completed?  Yes  No  N/A
2. Has the contractor had any known issues with?

Recipient Rights  Yes  No Comments:

Customer Service  Yes  No Comments:

Human Resources  Yes  No Comments:

Compliance  Yes  No Comments:

1. Rate the Contractor’s overall performance of services provided?

Evaluator Comments:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Excellent** | **Above Average** | **Meets Expectations** | **Need Improvement** | **Poor Performance** |
|  |  |  |  |  |

Contactor Comments:

Do you recommend continuing to utilize this contractor?  Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Signature and Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Signature Date