



CITY OF CHICAGO
DEPARTMENT OF BUILDINGS

Consultant Reviewer Rating

DATE: _____ CONSULTANT REVIEWER: (select one) _____

PROJECT NAME: _____

DEVELOPER SERVICE #: _____ Project Administrator: (select one) _____

Unacceptable = 1
Less Than Acceptable = 2
Acceptable = 3
More Than Acceptable = 4
Outstanding = 5

	Customer Column	DOB Project Administrator Column
Timeliness		
Cost Proposal	(input here)	(input here)
Code Review	(input here)	(input here)
Correction Resolution Meetings	(input here)	(input here)
Cost (Fairness of Cost)		
Proposal Cost	(input here)	(input here)
Actual Cost		(input here)
Quality of Code Review		
Completeness of Review	(input here)	(input here)
Knowledge of Code		(input here)
Professionalism		
Communication	(input here)	(input here)
Attitude	(input here)	(input here)
Management of Sub-Consultants		(input here)
Overall Impression of Consultant Reviewer	(input here)	(input here)
Comments:(insert comments here)		(input comments here)