

BROWNSBORO INDEPENDENT SCHOOL DISTRICT

Consultant Evaluation

Name of Consultant: _____

School/Department Contracting the Services: _____ Dates: _____

Description of Services Rendered: _____

Mark the point on the scale which best describes the services rendered:

- A. Presentation relevant to purpose
- | | | | | |
|---------------------|---|---|----------------------|---|
| 1 | 2 | 3 | 4 | 5 |
| <i>Not Relevant</i> | | | <i>Very Relevant</i> | |
- B. Effectiveness
- | | | | | |
|---------------------|---|---|----------------------|---|
| 1 | 2 | 3 | 4 | 5 |
| <i>Not Relevant</i> | | | <i>Very Relevant</i> | |
- C. Evidence of Preparation
- | | | | | |
|---------------------|---|---|----------------------|---|
| 1 | 2 | 3 | 4 | 5 |
| <i>Not Prepared</i> | | | <i>Well Prepared</i> | |
- D. Amount of Interaction (in relation to the type of service)
- | | | | | |
|------------|---|---|-------------|---|
| 1 | 2 | 3 | 4 | 5 |
| <i>Low</i> | | | <i>High</i> | |
- E. Reception by Participants
- | | | | | |
|--------------------------|---|---|---------------------------|---|
| 1 | 2 | 3 | 4 | 5 |
| <i>Not Well Received</i> | | | <i>Very Well Received</i> | |

Staff Member comments: _____

BISD Staff Contact Person's Signature: _____ Date: _____

File this with copy of consultant contract.