



SHAPE
SAFETY & HEALTH IN ARTS
PRODUCTION & ENTERTAINMENT

Confidential Consulting Evaluation Form

Fax to: 604-733-4692

PRODUCTION: _____ DATE: _____

CONSULTANT: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SERVICES REQUESTED:

PLEASE CIRCLE THE BEST ANSWER TO THE FOLLOWING

(5 Strongly agree; 4 Agree; 3 No opinion; 2 Disagree; 1 Strongly disagree)

1. THE CONSULTANT RETURNED MY CALL IN A TIMELY MANNER.

5 4 3 2 1

2. THE CONSULTANT WAS ABLE TO BEGIN THE ENGAGEMENT WITHIN A REASONABLE TIME.

5 4 3 2 1

3. THE CONSULTANT UNDERSTOOD OUR ISSUES AND CLEARLY PRESENTED OPTIONS.

5 4 3 2 1

4. THE CONSULTANT PROVIDED ME WITH A WRITTEN PLAN OUTLINING THE SCOPE AND FEE FOR THE ENGAGEMENT.

5 4 3 2 1

5. THE CONSULTANT WAS PROFESSIONAL IN HIS/HER INTERACTIONS WITH THE CREW.

5 4 3 2 1

6. THE CONSULTANT PERFORMED THE ENGAGEMENT WITH MINIMAL INTERRUPTION TO THE CREW.

5 4 3 2 1

7. THE CONSULTANT PERFORMED THE ENGAGEMENT IN A TIMELY FASHION.

5 4 3 2 1

8. RESULTS WERE GIVEN TO ME IN A TIMELY FASHION.

5 4 3 2 1

9. I FEEL THAT WE RECEIVED GOOD VALUE FOR OUR MONEY IN THE ENGAGEMENT.

5 4 3 2 1

10. I WOULD ENGAGE THIS PARTICULAR CONSULTANT AGAIN.

5 4 3 2 1

IF NECESSARY, PLEASE PROVIDE MORE DETAILS BELOW: