

**LEFT-TURN POCKETS  
CONSULTANT EVALUATION SHEET**

CONSULTANT: \_\_\_\_\_

Subconsultants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>SCORING</b>		
<b><u>Criteria</u></b>	<b><u>Max Points</u></b>	<b><u>Rating</u></b>
Understanding of Work	20	
Experience with similar kinds of work	25	
Qualifications of Proposed Team	20	
Project Approach	25	
Cost Proposal	5	
Local Preference	5	
<b>Total</b>	<b>100</b>	

**Evaluator**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_