UNDP PERFORMACE EVALUATION FORM FOR INDIVIDUALS HIRED UNDER IC

DATE: \_\_\_\_\_\_\_\_\_

I. GENERAL

Consultant/Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contract Number: \_\_\_\_\_\_\_\_\_\_

Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title:

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

Dept./Duty Station:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Tasks Completed:

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Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countries Visited During Assignment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

II. PLEASE RATE THE CONSULTANT/CONTRACTOR’S FOLLOWING ATTRIBUTES: (1= Excellent, 2=very good. 3=Good, 4=fair, 5=Unsatisfactory).

1. Technical expertise in the subject area of the assignment?
2. Imagination?
3. Initiative?
4. Interpersonal skills?
5. Quality of the reports submitted?
6. Timeliness of reports submitted?
7. Linguistic skills?

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| --- | --- | --- |
| Language | Written | Spoken |

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III. PLEASE EXPLAIN BELOW ANY RATINGS THAT WERE ASSIGNED IN PART II. YOU MAY ALSO ADD ANY COMMENTS THAT YOU FEEL SHOULD REMAIN IN THE CONSULTANT’S FILE:

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|  |
| SHOULD THIS CONSULTANT/CONTRACTOR REMAIN ON THE ROSTER (Check one) Yes No |

VI. DO YOU WANT RESTRICTED ACCESS (ACCESS WILL BE PROVIDED AT THE DISCRETION OF THE MANAGEMENT)

 FOR THE INFORMATION IN PARTS II & III (Please Check one) Yes No

NAME AND SIGNATURE OF THE EVALUATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIVISION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_