

**Project Management & Project Delivery Customer Evaluation**

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| **Project Name:** |  | | |
| **Planner/Project Manager:** |  | **Project No.:** |  |
| **Architect:** |  | **Contractor:** |  |
| **Completed By:** |  | **Contact Info.:** |  |

The Facilities Management Department is committed to continuous improvement in the performance of project delivery. To ensure we are providing the highest quality of project delivery, we are seeking feedback from customers for this project.

**Please click on “choose an item” to select the evaluation rating.**

*Evaluation criteria: 5= Exceeded All Project Objectives*

*4= Exceeded Project Objectives*

*3= Achieved Project Objectives*

*2=Marginally Achieved Project Objectives*

*1= Did Not Meet Project Objectives*

*N/A*

1. **PROJECT COMMUNICATIONS**

**Please rate the quality of the communications received from the following project team members.**

Project Manager Choose an item.

Project Accountant/Financial Staff Choose an item.

Architect Choose an item.

Contractor Choose an item.

IT Project Manager Choose an item.

1. **BUDGET/COST MANAGEMENT**

**Please rate how well this project was delivered according to the original project budget.**

Choose an item.

1. **SCHEDULE MANAGEMENT**

**Please rate how well this project was delivered on schedule.**

Choose an item.

1. **WashU IT Project Components & Technology (if applicable).** This would include networking, general IT services, A/V, etc.

**Please rate the overall quality and service of this project component.**

Choose an item.

1. **Telephony Support.**

**Please rate the overall quality and service of this project component.**

Choose an item.

1. **Access Control and Security Elements (if applicable).** This would include ID badges, key pads, locks, etc.

**Please rate the overall quality and service of this project component.**

Choose an item.

1. **PROJECT INITIATION**

**Please rate your satisfaction with the length of time between when you sent in the Planning and Project Request Form and when you were contacted by a Planner/Project Manager to discuss the project.**

Choose an item.

1. **DESIGN PROCESS**

**Please rate your satisfaction with the Planner/Project Manager’s timeliness in setting up meetings with the architects and engineers to keep the project on schedule.**

Choose an item.

1. **MOVE-IN/CLOSE-OUT PROCESS**

**Please rate your overall satisfaction with the services rendered by the Planner/Project Manager & Move Coordinator.**

Choose an item.

1. **Please rate your overall project experience.**

Choose an item.

1. Rate the overall performance of the FMD planner/project manager. Choose an item.
2. Rate the overall performance of the architects. Choose an item.
3. Rate the overall performance of the contractor. Choose an item.
4. Rate the overall performance of the IT project manager (if applicable). Choose an item.

**Do you have any additional comments?**