**Instructions:**

The LPREPM will complete this form for each project. Evaluations will be used as a tool in verifying that the LPA staff/ consultants are performing adequately. Performance conferences will be held, when appropriate.

1. Fill out assessment.
2. Save in the project log in READS
3. Notify the Statewide LPREM that the evaluation is in READS.
4. Email a copy of the completed assessment to the consultant/LPA staff person who performed the work for their records.
5. Email a copy of the of the completed assessment to the LPA Sponsor for their records.

**Evaluation Procedures and Criteria**:

1. Performance evaluation should be completed upon Cert. 1.
2. Fill out one evaluation form for the project. If more than one person acquired include all names.
3. Comments pertaining to each item shall be entered in the space provided below each item.
4. General comments or suggestions should be attached, as necessary.
5. Evaluations are reviewed and kept on file electronically in the Bureau of Technical Services Real Estate Unit.

This evaluation criteria will be used as a tool in verifying that the LPA staff/ consultants are performing adequately by:

* Meeting deadlines, especially PS&E deadline
* Guiding LPA Sponsors throughout the project
* Knowing the process, procedures, and requirements as listed in all the manuals (REPM, FDM, LPA RE Manual, etc.)
* Submitting correct documentation in a timely manner
* Using READS standards and policies as written in the REPM and LP RE Manual

The Statewide LPREM will contact the consultant / LPA staff regarding inadequate performance and make suggestions for ways to improve. Continued inadequate/poor performance will result in removal from the approved consultant list until corrective measures (to be determined) are taken.

**PROJECT DESCRIPTION IN BRIEF**

Project ID: **Enter Proj. ID**

Highway Project: **Enter Name of Highway Project**

Project Sponsor: **Enter Project Sponsor Name**

County: **Enter County Name**

Y N There are Federal or State funds in RE (will seek reimbursements)

**NEGOTIATORINFORMATION**

Name (Name on Capability Statement): **Enter Relocation Specialist**

Business/LPA Name: **Enter Business/LPA Name**

Telephone: **(XXX) XXX-XXXX**

Email: **Enter Email Address**

Briefly describe activity and work performed (relocation services including moves and claims) and mention any special challenges: **Click or tap here to enter text.**

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | Negotiator |
|  |  | 1. Certified ROW clearance by the PS&E date (if not, comment below)? |
|  |  | 2. Organized and participated in a Start-up Meeting (if not, comment below)? |
|  |  | 3. Communicated with the Sponsor, designer, and WisDOT adequately (if not, comment below)? |
|  |  | 4. Was responsive and timely to requests made by LPREPM or other reviewing parties (if not, comment below)? |
|  |  | 5. Worked in compliance w/ the REPM and LPA RE Manual (if not, comment below)? |
|  |  | 6. Worked independently, without significant help from the LPREPM (if not, comment below)? |
|  |  | 7. Used proper forms and documents/formats, including adequate diary (if not, comment below)? |

Comments: **Click or tap here to enter text.**

Summary (click all as necessary):

Met Expectations

Needs Improvement (see comments above)

Did NOT meet expectations (WisDOT will arrange for a meeting with the Statewide LPREM or designee.)