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| --- | --- |
| **Expert Evaluation Form** |  |

**Details of provider**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
|  |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |
| Fax: |  |
| Type of expert: |  |

**Assessment against selection criteria**

|  |  |
| --- | --- |
| **Criteria** | **Criteria met** *please tick* |
|  | **Yes**  | **No**  | **N/A** |
| Acceptable previous performance of instructions |[ ] [ ] [ ]
| Acceptable speed of response |[ ] [ ] [ ]
| Appropriate client manner |[ ] [ ] [ ]
| Strong advocacy skills |[ ] [ ] [ ]
| Acceptable report preparation |[ ] [ ] [ ]
| Reasonable cost |[ ] [ ] [ ]
| Flexibility to instructions |[ ] [ ] [ ]
| **Additional comments** *please limit comments to objective statements to avoid defamation* |
|  |

**Recommendation**

|  |  |
| --- | --- |
| *please tick one box* | **Grade**  |
|[ ]  **A** | (approved) |
|[ ]  **B** | (subject to assessment) |
|[ ]  **C** | (do not instruct) |

**Approved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:**  |  | **Date:** |  |