

SUFFOLK COMMUNITY COLLEGE ASSOCIATION, INC.

INDEPENDENT CONTRACTOR EVALUATION FORM

Name of Contractor Being Evaluated _____

Name and Title of Individual Conducting Evaluation _____

Period of Evaluation _____

	Needs			
	<u>Improvement</u>	<u>Satisfactory</u>	<u>Excellent</u>	
Performance of Responsibilities	1	2	3	N/A
Knowledge and Expertise in area of Responsibility	1	2	3	N/A
Cooperativeness	1	2	3	N/A
Dependability	1	2	3	N/A
Initiative	1	2	3	N/A
Organizational Ability	1	2	3	N/A
Relationships with Others	1	2	3	N/A
Overall Evaluation	1	2	3	N/A

General Comments/Suggestions

Contractor Signature _____ Date _____

Evaluator Signature _____ Date _____

August 19, 1999