



University of California
San Francisco

Capital Projects & Facilities Management
Capital Projects Division
Campus Box 0894
Fax: 476-6503

Architect Evaluation Form (by Client)

Project No.:
Project Title:
Client:
Department:
Architect:

Please look at each of the listed service attributes. Rate them by priority, based on its importance to you. Likewise, score each attribute based upon final performance. Fold, staple, and drop in Campus Mail Box 0894. Thank you for your feedback and for helping our continuing effort to improve our services.

Priority Key

High = Very Important
Medium = Important
Low = Not Important

Score Key

5 = Excellent
4 = Good
3 = Satisfactory
2 = Less than Satisfactory
1 = Poor

1. Project Design	<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
a. Physical architectural appearance	1 2 3 4 5
b. Convenience of layout	1 2 3 4 5
c. Room sizes & shapes- appropriate for intended use	1 2 3 4 5
d. Adequacy of storage	1 2 3 4 5
e. Adequacy of acoustics	1 2 3 4 5
f. Appropriate materials and finishes	1 2 3 4 5
g. Interior color schemes	1 2 3 4 5
h. Accessibility to physically handicapped	1 2 3 4 5
i. Adequacy of general lighting	1 2 3 4 5
j. Adequacy of special task lighting	1 2 3 4 5
k. Convenient switches	1 2 3 4 5
l. Adequacy of temperature control/heating/cooling	1 2 3 4 5
m. Adequacy of ventilation	1 2 3 4 5
n. Adequacy of electrical services	1 2 3 4 5
o. Adequacy of plumbing services	1 2 3 4 5
2. Schedule	<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
a. Compliance of schedule requirements for production of documents	1 2 3 4 5
3. Quality of Documents	<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
a. Documents adequately represented the proposed scope of work	1 2 3 4 5
4. Change Orders	<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low

Date: _____ Scored By: (Optional) _____ Building Location of Scorer: _____



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a. Appropriateness of unsolicited change orders 1 2 3 4 5

5. General Comments High Med Low

a. Architect's attitude 1 2 3 4 5

b. Architect's cooperation and responsiveness 1 2 3 4 5

c. Likelihood of using architect on a future project 1 2 3 4 5

6. Overall Performance High Med Low

a. Architect's overall performance 1 2 3 4 5

b. Mechanical consultant's overall performance 1 2 3 4 5

c. Plumbing consultant's overall performance 1 2 3 4 5

d. Electrical consultant's overall performance 1 2 3 4 5

e. Consultant's overall performance 1 2 3 4 5

Other Comments: (use back of form if necessary)

Date: _____ Scored By: (Optional) _____ Building Location of Scorer: _____