



State of Oklahoma
Office of Management and Enterprise Services
Division of Capital Assets Management
Construction and Properties

Consultant Screening Evaluation
Form

Suggested Evaluation Scale: 10 – Excellent 8 – Good 6 – Acceptable 4 – Unacceptable

(Name) For Using Agency: _____

(Date) CAP Solicitation #: _____

Firm Name and Location					Total Score

As an evaluator, I hereby claim that I have conducted these evaluations in a fair and unbiased manner to the best of my abilities and that the scoring contained herein reflect my evaluations.

(Signature)