

FLORIDA ATLANTIC UNIVERSITY

REFERENCE CHECK Architectural / Engineer Continuing Services

Architectural Firm: _____

Project: _____

Owner: _____

Reference contact name: _____
(Name, title, role in project) (Date)

1 What professional services were performed?: _____

2 What was the project size? _____

3 a. Were the design documents completed on time? _____ Yes _____ No

b. Was the construction completed on time? _____ Yes _____ No

4 Was the project completed within budget? _____ Yes _____ No

5 Did the Architect make appropriate efforts to assure quality construction?

_____ Yes _____ No

6 What was the overall performance of the Architect?

_____ below average

_____ average

_____ above average

7 Would you hire this firm again? _____ Yes _____ No

Comments: _____

Reference Signature: _____

NOTE: Only forms or letters of reference received directly from reference contacts will be accepted. All forms/letters must be received before the due date.

PLEASE SCAN and E-mail to: cgarwood2012@fau.edu