

Professional and Client Reference Forms



CLIENT REFERENCE QUESTIONNAIRE

Consultant name: Click here to enter text.
Brief description of project(s): Click here to enter text.

Approximate dates of project: From: [Click here to enter text.](#) To: [Click here to enter text.](#)

Did you get the results you were expecting from the project?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was the project completed within the timeframe you expected?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Would you hire this consultant again if a similar need arose in your company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Would you recommend this consultant to your business acquaintances?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Do you have any additional comments you would like to make about your experience with this consultant? Click here to enter text.

Company name: Click here to enter text.	
Name and title: Click here to enter text.	
Phone: Click here to enter text.	Email: Click here to enter text.

Thank you.

Please email to info@manufacturing-works.com

PROFESSIONAL REFERENCE QUESTIONNAIRE

Consultant name: Click here to enter text.		
Brief description of professional relationship: Click here to enter text.		
Approximate duration of relationship:	From: Click here to enter text.	To: Click here to enter text.

Brief description of your perspective on this person's expertise, communication skills, team skills, and time management skills:

[Click here to enter text.](#)

Please add any additional comments you would like to make about your experience with this person.

[Click here to enter text.](#)

Name and title:[Click here to enter text.](#)

Organization:[Click here to enter text.](#)

Phone:[Click here to enter text.](#)

Email: [Click here to enter text.](#)

Thank you.

Please email to info@manufacturing-works.com