



**FLORIDA STATE UNIVERSITY**  
**REFERENCE CHECK FORM**



*This form is to be completed for each of the references checked.  
If the Owner's Representative cannot be reached, note the attempts in the "Comments" section.*

Architect / Engineer \_\_\_\_\_

Project \_\_\_\_\_

Owner \_\_\_\_\_

Who was contacted?

name	date	time
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- |  |  |
|--|--|
| 1. What professional services were performed?  |  |
| 2. What was the project size?  | \$ _____   |
| 3. a. Were the design documents completed on time?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| b. Was the construction completed on time?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 4. Was the project completed within budget?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. Did the architect/engineer make appropriate efforts to assure quality construction? | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6. Was the overall performance of the architect/engineer?                              | <input type="checkbox"/> below average<br><input type="checkbox"/> average<br><input type="checkbox"/> above average |
| 7. Would you hire this firm again?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**Comments**

Interview conducted by

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature