

Communication Skills Assessment Sheet

Name:

Date:

Assessor:

Criteria

Skill	Rating (1-5)	Comments
Clarity of verbal communication	<input type="text"/>	<input type="text"/>
Listening skills	<input type="text"/>	<input type="text"/>
Non-verbal communication	<input type="text"/>	<input type="text"/>
Confidence	<input type="text"/>	<input type="text"/>
Empathy	<input type="text"/>	<input type="text"/>

Overall Comments