

# Customer Service Skills Assessment Form

Employee Name

Employee ID

Evaluator Name

Date

## Skill Assessment

Skill	Rating (1-5)	Comments
Communication	<input type="text"/>	<input type="text"/>
Active Listening	<input type="text"/>	<input type="text"/>
Problem Solving	<input type="text"/>	<input type="text"/>
Patience	<input type="text"/>	<input type="text"/>
Product Knowledge	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>

## Overall Comments

## Action Plan / Recommendations

