

Time Management Skills Evaluation Sheet

Name:

Date:

Evaluator:

Skill Area	Excellent	Good	Fair	Poor	Comments
Setting Priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Meeting Deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Managing Distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Planning & Scheduling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Delegation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Work-Life Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>

Overall Feedback: