

Customer Service Representative Evaluation Sheet

Employee Name:

Evaluator Name:

Date:

Department:

Performance Evaluation

Criteria	Excellent	Good	Average	Needs Improvement
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance & Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths:

Areas for Improvement:

Additional Comments:

Employee Signature:

Date:

Evaluator Signature:

Date:

