

# Retail Store Associate Performance Evaluation

Associate Name

Employee ID

Date

Position

## Performance Criteria

Criteria	Rating	Comments
Customer Service	<div></div>	<div></div>
Product Knowledge	<div></div>	<div></div>
Teamwork	<div></div>	<div></div>
Attendance & Punctuality	<div></div>	<div></div>
Accountability	<div></div>	<div></div>
Sales Performance	<div></div>	<div></div>

## Strengths

**Areas for Improvement****Supervisor Overall Comments**

Evaluator Name

Evaluator Signature

Date