

Retail Department Supervisor Assessment Form

Employee Name

Position

Department

Assessment Date

Assessment Criteria

Criteria	Rating	Comments
Leadership & Team Management	<div></div>	<div></div>
Customer Service	<div></div>	<div></div>
Product Knowledge	<div></div>	<div></div>
Inventory Control	<div></div>	<div></div>
Communication Skills	<div></div>	<div></div>

Key Strengths

Areas for Improvement

Goals & Action Plan

Supervisor Signature

Date

Employee Signature

Date