

Client Relations Communication Skills Evaluation Form

Employee Name

Evaluator Name

Date

Skill Criteria	Excellent	Good	Average	Needs Improvement
Active Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy & Understanding	<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"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths Observed

Areas for Improvement

Additional Comments