

# Customer Service Communication Skills Evaluation Form

Employee Name

Evaluator Name

Date

## Evaluation Criteria

Criteria	Rating (1 - 5)	Comments
Active Listening	<input type="text"/>	<input type="text"/>
Clarity & Articulation	<input type="text"/>	<input type="text"/>
Politeness & Professionalism	<input type="text"/>	<input type="text"/>
Problem Solving	<input type="text"/>	<input type="text"/>
Product Knowledge	<input type="text"/>	<input type="text"/>

## Strengths

## Areas for Improvement

## Additional Comments

