

Hospitality Employee Communication Skills Evaluation Form

Employee Name

Position

Department

Evaluator Name

Date

Criteria	Excellent	Good	Fair	Poor
Clarity in Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Politeness & Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling Guest Inquiries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict Resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths

Areas for Improvement

Evaluator's Comments