

# Leadership Communication Skills Evaluation Form

Evaluator Name

Date

Leader Name

## Evaluation Criteria

Criteria	Score (1-5)	Comments
Clarity of Communication	<input type="text"/>	<input type="text"/>
Active Listening	<input type="text"/>	<input type="text"/>
Appropriate Feedback	<input type="text"/>	<input type="text"/>
Conflict Resolution	<input type="text"/>	<input type="text"/>
Inspiring & Motivating	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Additional Comments