

Sales Representative Communication Skills Evaluation Form

Sales Representative Name

Evaluator Name

Date

Communication Skills Assessment

Criteria	Excellent	Good	Fair	Poor
Clarity of Speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persuasiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product Knowledge Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling Objections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths

Areas for Improvement

Additional Comments