

Legal Client Communication Skills Review Sheet

Reviewer Name:

Date of Review:

Attorney/Staff Name:

Matter/Case:

Communication Skills Assessment

Skill Area	Rating (1-5)	Comments
Clarity of Communication	<input type="text"/>	<input type="text"/>
Active Listening	<input type="text"/>	<input type="text"/>
Responsiveness	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>
Client Engagement	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Action Plan / Recommendations

