

Customer Service Performance Assessment

Employee Name

Enter employee's full name

Evaluator Name

Enter evaluator's full name

Assessment Date

Enter date (YYYY-MM-DD)

Performance Criteria

Criteria	Excellent	Good	Fair	Needs Improvement
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy & Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths

Describe key strengths observed...

Areas for Improvement

Describe opportunities for growth or improvement...

Additional Comments

Any other feedback...

Employee Signature

Signature

Evaluator Signature

Signature