

# Customer Service Performance

## Evaluation Form

### Employee Information

Full Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_

### Performance Criteria

Rate the employee's performance based on the criteria below:

Communication Skills: \_\_\_\_\_

Problem-Solving Abilities: \_\_\_\_\_

Responsiveness to Customers: \_\_\_\_\_

Product Knowledge: \_\_\_\_\_

Team Collaboration: \_\_\_\_\_

### Key Strengths and Areas for Improvement

Strengths Observed: \_\_\_\_\_

Improvements Needed: \_\_\_\_\_

### Action Plan for Growth

Recommended Training or Support: \_\_\_\_\_

Short-Term Goals: \_\_\_\_\_

Long-Term Objectives: \_\_\_\_\_

### Evaluator Details

Evaluator Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_