

# Sales Performance Evaluation Form

## Employee Details

- Name of Employee: \_\_\_\_\_
- Position: \_\_\_\_\_
- Department: \_\_\_\_\_
- Evaluation Period: \_\_\_\_\_

## Performance Metrics

Metric	Target	Achieved	Comments
Monthly Sales Volume			
New Customer Acquisition			
Revenue Generated			
Customer Retention Rate			

## Soft Skills Assessment

- Communication:  Excellent  Good  Needs Improvement
- Team Collaboration:  Excellent  Good  Needs Improvement
- Problem Solving:  Excellent  Good  Needs Improvement

## Overall Assessment

Strengths:

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**Areas for Improvement:**

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**Approval**

**Evaluator's Signature:** \_\_\_\_\_

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