

Date	
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CUSTOMER EVALUATION

Evaluation for:			
Team Name:		Evaluation Period:	

How often do you interact with this person? (Check one)

Several times a day	<input type="checkbox"/>	Several times a week	<input type="checkbox"/>	Several times a month	<input type="checkbox"/>
Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>

Please rate this person (not their team) based on your personal interaction (not rumor or hearsay).

1 - Always
5 - Never
? - Don't know

This individual:	1	2	3	4	5	?
Job Performance and Knowledge						
1. Understands what my team and I do						
2. Is easy to contact						
3. Anticipates my needs						
4. Is willing to help						
5. Makes commitments willingly						
6. Performs quality work						
7. Seeks new and better ways of doing things						
8. Recognizes problems and takes appropriate action						
9. Considers my needs when balancing workload						
10. Meets commitments which have been made						
Interpersonal Skills						
11. Is polite and professional						
12. Has a positive outlook towards customers						
13. Seeks to understand my needs						

14. Makes me comfortable requesting services								
15. Is open to suggestions								
16. Is approachable on difficult subjects								
17. Is sensitive to others' feelings and points of view								
18. Deals with pressure and conflict positively								
19. Helps me understand what I need to know								
Communication								
20. Communicates clearly								
21. Keeps me informed of the status of my work								
Values								
22. Is someone I trust								
23. Treats me with respect								
24. Supports the institutions's vlaues in helping employees and students reconcile the needs of work and family								
Overall Assessment								
Is someone I would gladly choose to help me again								

Completed By (optional): _____