Employee Skill Evaluation

Date: [Date]

Employee Name: [Employee Name]

Department: [Department]

Evaluator Name: [Evaluator Name]

Position: [Position]

1. Job Knowledge

[Evaluation of the employee's understanding of job responsibilities and industry knowledge.]

2. Communication Skills

[Evaluation of the employee's ability to communicate effectively with team members and clients.]

3. Problem Solving

[Evaluation of the employee's ability to identify issues and develop solutions.]

4. Teamwork

[Evaluation of the employee's ability to work collaboratively with others.]

5. Initiative

[Evaluation of the employee's proactivity in taking on tasks and responsibilities.]

Overall Performance Rating

[Overall assessment based on the above criteria.]

Comments

[Additional comments or recommendations for the employee.]

Evaluator Signature: [Signature]

Date: [Date]