Retail Team Member Assessment

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Position: [Insert Position]

Store Location: [Insert Store Location]

Performance Overview

[Insert brief overview of performance, strengths, and areas for improvement]

Key Responsibilities

• Customer Service: [Insert comments]

• Sales: [Insert comments]

• Merchandising: [Insert comments]

• Team Collaboration: [Insert comments]

• Time Management: [Insert comments]

Goals and Recommendations

[Insert specific goals for the next assessment period]

[Insert any recommendations for training or development]

Employee Comments

[Insert space for employee feedback]

Assessor's Signature

[Insert Signature] - [Insert Assessor's Name]