



## Customer Service Representative Self-Assessment Form (EXAMPLE ONLY)

*This form is designed to help you reflect on your performance, identify strengths and areas for improvement, and set goals for personal development. Please complete this form honestly and thoughtfully.*

<b>CSR Name:</b>		<b>Date Completed:</b>	
<b>Supervisor Name:</b>		<b>Date Reviewed:</b>	

### Section 1: Performance Metrics

Rate your performance in the following areas on a scale of 1 to 5 (1 = Needs Improvement, 5 = Excellent)

<b>1. Schedule Adherence:</b> How well do you follow your assigned work schedule?	<b>Rating</b>
Comments	

<b>2. Resolution Rate</b> How effectively do you resolve customer issues on the first contact?	<b>Rating</b>
Comments	

<b>3. Customer Satisfaction</b> How often do you receive positive feedback from customers?	<b>Rating</b>
Comments	

<b>4. Adherence to Company Policies</b> How well do you follow company guidelines and procedures?	<b>Rating</b>
Comments	

<b>5. Communication Skills</b> How effectively do you communicate with customers?	<b>Rating</b>
Comments	

<b>6. Product Knowledge</b> How well do you understand and explain the company's products or services?	<b>Rating</b>
Comments	



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<b>7. Problem-Solving Skills</b> How efficiently do you handle unexpected challenges or difficult customers?	<b>Rating</b>
Comments	

### Section 2: Self-Reflection

<b>1. Strengths:</b> What do you believe are your strongest skills or qualities as a customer service agent?
<b>2. Areas for Improvement:</b> What areas do you feel you need to improve or develop further?
<b>3. Achievements:</b> Describe any significant achievements or milestones you've reached recently.
<b>4. Challenges:</b> Describe any challenges you have faced and how you dealt with them.

### Section 3: Feedback

<b>1. Customer Feedback:</b> Summarize any notable feedback you've received from customers (positive or negative).
<b>2. Peer/Supervisor Feedback:</b> Summarize any notable feedback you've received from peers or supervisors.

### Section 4: Goal Setting

<b>1. Short-Term Goals (Next 1-3 months):</b> What specific, measurable, achievable, relevant, and time-bound (SMART) goals do you want to achieve?	
<b>Goal 1</b>	<b>Action Plan</b>
<b>Goal 2</b>	<b>Action Plan</b>



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<b>2. Long-Term Goals (Next 6-12 months):</b> What long-term goals do you want to work towards?	
<b>Goal 1</b>	<b>Action Plan</b>
<b>Goal 2</b>	<b>Action Plan</b>

**Section 5: Training and Support Needs**

<b>1. Training:</b> Are there any specific areas where you feel you need additional training or resources?
<b>2. Support:</b> What support do you need from your supervisor or team to achieve your goals?

<b>CSR Signature:</b>		<b>Date:</b>	
<b>Supvr Signature:</b>		<b>Date:</b>	

*Thank you for completing this self-assessment form. Your honesty and reflection are vital for your personal development and the overall success of our team.*