Customer Service Scorecard

| Associate Name | Date | Circle | e One |
|----------------|-------------|-----------------|-----------------|
| Evaluator Name | | Self Evaluation | Peer Evaluation |

I am Nemours.

I will do whatever it takes to make every contact at Nemours a uniquely satisfying experience . . . for our patients, parents, colleagues, and business partners.

Instructions

Observe the Associate and find a quiet place to write down your thoughts. Then go over these with your colleague and offer constructive comments: Only say what will help the person improve. Be positive.

<u>File this scorecard in the Associate's Customer Service Notebook.</u>

Please circle a number from 1-5 to answer each question below. Circle higher numbers to indicate a better rating.

| | Very Poor | Poor | Fair | Good | Very Good |
|--|-------------|------|------|------|-----------|
| | | | | | |
| How friendly was the Associate? | 1 | 2 | 3 | 4 | 5 |
| How compassionate was the Associate | ? 1 | 2 | 3 | 4 | 5 |
| How professional was the Associate? | 1 | 2 | 3 | 4 | 5 |
| How united was the Associate? | 1 | 2 | 3 | 4 | 5 |
| How well did the Associate complete th | nese steps: | | | | |
| 1. Greeting the customer? | 1 | 2 | 3 | 4 | 5 |
| 2. Listening to the customer? | 1 | 2 | 3 | 4 | 5 |
| 3. Serving the customer? | 1 | 2 | 3 | 4 | 5 |
| 4. Thanking the customer? | 1 | 2 | 3 | 4 | 5 |
| | | | | | |

| TOTAI | SCORE = | |
|-------|---------|--|
| IUIAL | SCOKE = | |

Add up the numbers you circled above for each question.

Please share your thoughts about the customer service you observed in yourself or another Associate.

| Evaluator Comments | |
|---|--|
| What was done exceptionally well? | |
| What needs improvement? | |
| Other comments? | |
| | |
| | |
| On-Duty Associate Comments | |
| On-Duty Associate Comments What was done exceptionally well? | |
| | |
| What was done exceptionally well? | |