

Technical Support Quality Assessment Sheet

General Information

Agent Name:	<input type="text"/>	Evaluator Name:	<input type="text"/>
Ticket / Case ID:	<input type="text"/>	Assessment Date:	<input type="text" value="YYYY-MM-DD"/>
Interaction Type:	<input type="text" value="Call / Chat / Email"/>	Duration / Word Count:	<input type="text"/>

Evaluation Criteria

Category	Performance Standards	Score (1-5)	Notes / Comments
Soft Skills & Communication	Professional Greeting & Rapport Building	<input type="text"/>	<input type="text"/>
	Active Listening & Empathy	<input type="text"/>	<input type="text"/>
	Tone, Pace, and Professional Language	<input type="text"/>	<input type="text"/>
Technical Ability & Diagnostics	Accurate Problem Identification	<input type="text"/>	<input type="text"/>
	Logical Troubleshooting Steps Followed	<input type="text"/>	<input type="text"/>
	Providing Accurate Solution / Workaround	<input type="text"/>	<input type="text"/>
Process & Compliance	Proper Tool & Documentation Usage	<input type="text"/>	<input type="text"/>
	Hold and Transfer Protocol Adherence	<input type="text"/>	<input type="text"/>
	Security & Verification Procedures	<input type="text"/>	<input type="text"/>
Case Closure	Summarizing Resolution & Next Steps	<input type="text"/>	<input type="text"/>
	Correct Ticket Categorization & Notes	<input type="text"/>	<input type="text"/>

Assessment Summary

Total Score (Out of 50):	<input type="text"/>	Percentage:	<input type="text"/>	Result (Pass/Fail):	<input type="text"/>
--------------------------	----------------------	-------------	----------------------	---------------------	----------------------

Feedback & Coaching

Strengths:	<input type="text"/>
Areas for Improvement:	<input type="text"/>
Action Plan:	<input type="text"/>

Agent Signature: _____ Evaluator Signature: _____