Side By Side Feedback

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| --- | --- |
| Trainee: | Date: |
| Mentor: | Time |

**Call Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| Categories | Yes | No | Explanation on how they performed |
| Vector Navigation |  |  |  |
| Adhering to the Call Script ***(Opening/Closing/Assurance Statement)*** |  |  |  |
| Account Verification |  |  |  |
| Were they able to identify the customer’s reason for calling? |  |  |  |
| Did they provide accurate information? |  |  |  |
| Did they use courtesies? |  |  |  |
| Did they input the correct follow-up code? |  |  |  |

**Trouble Shooting**

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| --- | --- | --- | --- |
| Categories | Yes | No | Explanation on how they performed |
| Account Conversion |  |  |  |
| Toll History |  |  |  |
| Financials |  |  |
| Plate Sweep |  |  |
| Notation |  |  |  |
| Call Transfer |  |  |  |

**Feedback**

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| --- | --- |
| Observations/Comments from the Mentor |  |
| Recommendations for the Trainee |  |