MANAGER'S ONE-ON-ONE

Evaluation

SALES REP NAME:		DATE:		
MANAGER NAME:				
TERRITORY RECONNAISSANCE				
How many client calls did they complete	yesterday:	Number of clove	rleaf calls from CV's:	
How many new security system presenta	ations did they c	complete yesterday	Number of clover	leaf's:
Did they do 50 Cloverleaf calls yesterday	y: Attem	pts: Contact	s: Sales:	
How many referrals did they get yesterday: How many referral appointments did they have:				
How many door hangers did they hand o	out yesterday:	How many lea	ds did they get:	
Did they network with any spheres of inf	luence: Nu	umber of certificate	of installations delive	red:
Are they aware of the security events in	their area:	Number of burglari	es: Number of fi	ires:
Are they aware of the mover leads:	Number of ho	omes for sale:	Number of homes s	sold:
ACTIVITY BEST PRACTICES				
Are they checking in with you daily:	Activity upd	ates: Meeting	gs: Training:	
Have you completed a ride-a-long with t	:hem: La	st time (date):		
Are they completing a client care visit w	ith 2 current cus	stomers each day:	How many:	
Are they getting referrals from each clie	nt visit:	Do they update the	call list:	
Do they cloverleaf a minimum of 25 hom Before: After:	nes on each clier	nt care visit and new	sales appointment:	
Are they making 50 door-to-door calls e	ach day:	Around events:	Around crime:	
Any local networking events or shows:	Any sche	duled for the future:	When:	
Affinity programs (large employers):	Any planne	d: Who:		
Are they mailing thank you cards daily:	Number	of thank you cards n	nailed this week:	
Sales Representative Signature	Date	Sales Manager Sig	nature	Date

