

SELF EVALUATION FORM

Employee Name:			
Job Title:			
Social Security Number:		Date:	

Please fill out the remainder of this form with your honest assessment of your job performance in the past twelve months to the best of your ability. The information on this form will be used in your performance appraisal and in judging your job performance. Return this form one week prior to your evaluation meeting with your direct supervisor to allow time for preparation for the performance appraisal meeting. Feel free to attach additional pages if necessary.

1. If you were to write a description of your on-the job duties, what would be the top three duties?

2. What do you feel have been your greatest achievements in the past year? How did you go about creating these successes for yourself?

3. What were the greatest weaknesses in your job performance in the past year? How did you act to minimize these weaknesses?

4. What do you think your strongest collaborative efforts over the past year were? Give an example.

5. What do you believe your coworkers could do to aid in your performance?

6. What are steps your supervisor could take to help you improve your performance?

7. Where would you like to focus your professional development efforts?

8. If you had an opportunity, what areas would you like to work in?

9. What are three goals you have for performance in the upcoming year?

10. Is there any additional information you would like to share?

