



SELF-EVALUATION FORM

Name: _____ Date: _____

Title: _____ Department: _____

Review Period: _____

Please complete the questions listed below and return to your supervisor prior to your performance evaluation. As you complete the form, consider your personal performance as it relates to your current job description and expectations for the review period.

1. Do you understand the requirements of your job? Yes _____ No _____
If no, what aspects of your job need clarification?

2. List the expectations for the review period and assess how well you have succeeded in meeting each expectation. Attach a separate list if necessary.

3. What changes in duties or responsibilities did you face during the review period and how did you handle them?

4. What are your strengths (the thing you do well) and how do you put them to use in your position?

5. What are your weaknesses (the things you don't do as well) and how do they impact your job?



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6. What would help you enhance your performance (training, equipment, etc.)?

7. What are your expectations for the coming evaluation period?

8. How would you rate your overall performance for this review period?

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|-------|--------------------|-------|----------------------|
| _____ | Outstanding | _____ | Exceeds Expectations |
| _____ | Meets Expectations | _____ | Below Expectations |
| _____ | Unsatisfactory | | |