

PERFORMANCE SELF-EVALUATION

Name of Employee:	Date:
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Purpose: This self evaluation form will be of help to you and your evaluators when reviewing your performance and planning your career development goals for the coming year.

Guidelines:

1. Please complete the following self-evaluation. Please forward completed form to _____ at least ***3 days prior*** to your scheduled evaluation.
2. You will be given a copy of performance summaries prepared by evaluators prior to your performance evaluation.
3. Please bring a copy of this form to your performance evaluation for discussion.
4. Although this form can be completed by hand, it has been designed for easy completion using WordPerfect. You can access the form under the following directory: _____ . **Please save the document to a unique name in your personal directory. You should password protect the document.**

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. List four major duties or responsibilities of your job.

2. Not necessarily including a duty from above, which one responsibility of your job do you enjoy the most? Why?

3. What one responsibility of your job do you enjoy the least? Why?

4. What duties and responsibilities should you have (or not have) to make you more effective? Please explain.

5. Describe your major performance accomplishments in the past year.

6. What have been your major disappointments with your performance in the past year?

7. What could you, your supervisor and/or the firm do differently to help you better perform your job?

8. What are the career development areas in which you most need to improve?

9. Including the above, what are your other career development goals for the coming year and how can these goals be accomplished?

10. Please indicate any areas in which you feel you need to receive additional training.

11. What other comments or suggestions should be addressed during your performance evaluation?

Please sign where indicated and return original to _____ by due date (please keep a copy to bring to your performance evaluation meeting) .

Signature of employee

Date