

SUPPORT STAFF SELF-EVALUATION FORM

NAME: _____

JOB TITLE: _____



The purpose of this Self-Evaluation is to pin-point weaknesses and strengths and to outline and agree upon a practical improvement program. Please comment on all questions asked. If you have difficulty with this form, please see the Business Manager for assistance. This evaluation form will be discussed at your Evaluation Interview. There is space at the end of form for additional comments.



1. **Objectives & Results Achieved.**

Summarize the principal objectives and results you have achieved since the time of your last Review (or beginning of Employment).

2. **Performance Evaluation.**

Comment as to how you think you compare with the standards of acceptable performance for your position.

3. **Major Strengths.**

List job-related skills, knowledge, personal qualities, etc. which tend to enhance your performance most significantly.

4. **Major Deficiencies.**

List job-related skills, knowledge, personal qualities, etc. which tend to hinder your performance most significantly.
