

Employee Self-Assessment

Please take the time to complete your self-assessment form, as your input will be reviewed prior to your Performance Evaluation. Please return the completed form to your immediate Supervisor no later than _____.

Employee Name	Position
Department	Supervisor

I have accomplished the following Key Performance Objectives since my last Performance Evaluation:

- _____
- _____
- _____
- _____

I consider the following to be my professional strengths:

- _____
- _____
- _____
- _____

I consider the following to be my areas for development:

- _____
- _____
- _____
- _____

The following factors helped/hindered my performance last year:

- _____
- _____
- _____
- _____

In order to improve my job performance, the following things might be done by:

Me _____

My Supervisor _____

Someone Else _____

I consider the following to be my key performance objectives for the next year:

- _____
- _____
- _____
- _____

I am interested in the following training and development:

My primary professional objective in the next year is:

Employee Signature

Date