[EMPLOYER NAME]

**EMPLOYEE SELF-EVALUATION**

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| **EMPLOYEE INFORMATION** |

**Employee Name**: [EMPLOYEE NAME] **Employee ID#**: [EMPLOYEE ID#]

**Job Title/Department**: [JOB TITLE/DEPT.] **Review Period**: [MM/YYYY - MM/YYYY]

**Supervisor Name**: [SUPERVISOR NAME]

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| **SELF-EVALUATION** |

1. **What are your primary job responsibilities?**

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1. **What job responsibilities do you view as most important?**

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1. **Have any special circumstances helped or hindered you during the review period?**

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1. **What are the significant accomplishments you achieved during the review period?**

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1. **What strengths do you feel you bring to your position?**

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1. **What areas do you feel you could improve in your performance?**

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1. **What are your goals, and what actions will you take to accomplish them?**

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1. **What can your supervisor do to help you accomplish your goals/do a better job?**

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1. **In what areas do you feel additional education or training would benefit you?**

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| **SIGNATURES**  |

**Employee Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_