[EMPLOYER NAME]

**EMPLOYEE SELF-EVALUATION**

|  |
| --- |
| **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]

|  |
| --- |
| **SELF-EVALUATION** |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

|  |
| --- |
| **SIGNATURES** |

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

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