Self-Evaluation Employee Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you understand the requirements of your job? Yes \_\_\_ No \_\_\_ If no, what aspects of your job need clarification?

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2. What changes in duties or priorities did you face during the review period and how did you handle them?

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3. What are your strengths (the things you do well) and how do you put them to use in your position?

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4. What are your weaknesses (the things you don’t do so well) and how do they impact your job?

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5. What would help you enhance your performance (training, equipment, etc.)?

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6. What are your expectations for the coming evaluation period?

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7. How would you rate your overall performance for this review period?

Outstanding \_\_\_ Exceeds Expectations \_\_\_

Meets Expectations \_\_\_ Below Expectations \_\_\_

Unsatisfactory \_\_\_