**EMPLOYEE SELF-EVALUATION FORM**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Position Description**
	1. **What are your main job responsibilities?**
	2. **What job responsibilities do you view as most important? Why?**
	3. **Have there been any special circumstances that have helped or hindered you in doing your job this year? If yes, what were they, and how did they affect your work?**
2. **Accomplishments and Strengths**
	1. **Please list your major accomplishments during the review period.**
	2. **Please list the strengths you feel you bring to your position.**
3. **Areas for Future Development**
	1. **What are your goals for next year and what actions will you take to accomplish them?**
	2. **What can your supervisor do to help you accomplish your goals?**
	3. **What are some things you would like to improve or change within your department?**
	4. **In what areas do you feel additional education, training, and/or development would be beneficial to you?**
4. **Relationships**
	1. **What could your supervisor do to help you do a better job?**
	2. **How could others in the department help you do a better job?**
	3. **What could you do to make this department a better place in which to work?**

**Evaluator’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**