

## **Employee Self Assessment**

Employee Name	R#		
Job Title	Department		
Supervisor	Date		
1. In your opinion, how would you evaluate yourself on the essential functions of your job?			
2. What do you consider to be your accomplishments since your last evaluation?			
3. What barriers are making success difficult in your role? How can I help remove these barriers?			

4. Where do you want to be in one year in terms of responsibility, management skills, position, etc.? What is your long term career goal? What must you do to get there?
5. What goals have you set for yourself for next year? Think both professional and departmental.
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6. In your opinion, what do you think your biggest job-related challenges will be in the coming year? What can you do to overcome these challenges? How can I help you overcome these challenges?
7. What can I do to better support your success?

**Employee Name** 

R#