OURAY COUNTY EMPLOYEE'S PERFORMANCE PLANNING AND SELF ASSESSMENT FORM

Date

Empl. No.	First Name	Last Name	M.I.
Employee Job Title		 Depart	ment
From:	To: Period Being Reviewed	Type of Review Annual Pr	w robation
	renou being Reviewed		
I. PURPOSE			
		s is designed to provide employees of Ouray as requiring growth during each review perio	
	ervisor, and to encourage both parties	s is designed to stimulate dialogue between to commit to goals to be accomplished do	
II. INSTRUCTIONS			
so that you i	receive maximum benefit from it. Th	our thinking and to help you prepare for the a ink about your performance and progress d provement. Appraise yourself honestly.	
2. Upon comple	tion, please return this form to your	supervisor in advance of your scheduled app	oraisal session.
III. SELF ASSESSM	ENT QUESTIONNAIRE		
1. What do you c	onsider to be the most important abilities	s that your job requires?	
2. What do you s	ee as your strengths relative to the regu	irements of the job? What job skills do you view	as target areas
for improveme		mements of the job: what job skills do you view	as larget areas
3. Do you have a be better utilize		ly utilized in your job? If yes, what are they and I	now could they

	Employee's Signature Date
10.	What other comments or suggestions should be addressed during the review session?
9.	Indicate your short-term and long-term career interests. (What type of work do you see yourself doing five years from now? How are you preparing yourself for this work?)
8.	In what ways can your supervisor help you to do a better job?
7.	In what areas do you feel additional education, training/development would be beneficial?
-	In what area do you feel additional advantion training/dovel
6.	What are your performance goals for the next review period, and how will you accomplish them?
5.	Is there anything you set out to accomplish or were assigned that you did not accomplish this past review period?
4.	What were your major accomplishments for the past review period?