CLASSIFIED STAFF SELF EVALUATION

Date Scheduled: _____

Type of Review

☐ Probationary-3 months ☐ Probationary-5 months ☐ Annual ☐ Special

Period Covered by this Evaluation From: _____ To: _____

Staff Member Name: _____ GID Number: _____

Department: _____ Supervisor: _____

Job Title: _____ Date of Hire: _____

This form is intended to help you identify the type and nature of work you prefer, and to help you think through and clarify your personal goals and opportunities. Continue your answers on a separate sheet if necessary.

1. Do you understand your immediate supervisor's expectations of your position and know the responsibilities assigned to it?

2. What are your strengths in terms of performance during the review period?

3. In what areas do you feel the need for improvement?

4. Your job assignments during the review period have been: ☐ Challenging ☐ Not Challenging
Comments (if any):

5. Your workload during this review period has been: ☐ Too Light ☐ Just Right ☐ Too Heavy
Comments (if any):

6. What aspects of your work provide you with your greatest sense of satisfaction and achievement?

7. What changes in your work assignments would increase your contribution to the department's needs and your sense of personal satisfaction?

8. What are your immediate and/or long term career plans?

9. What training/development programs would improve your job skills and/or help prepare you for advancement?

10. How can your supervisor improve your effectiveness and the quality of the relationship you have with each other?

11. MSU - Great Falls welcomes any suggestions or comments you feel will improve the department and/or the College. Include such items as changes for more effective task performance, departmental activities that may be adopted throughout the College, and/or procedures which will enable you to perform your job better.

_____   _____
Employee's Signature   Date

Distribution: Original - Human Resources
                        Copies - Supervisor, Staff Member