

SELF-EVALUATION FORM

Demographic Data

			Demograpi	ne Dutu				
Employee Name				Last 4 SSN # XXX - XX -				
	Last		First	MI				
Supervisor Name		Depart	tment					
Job Title								
Review Period		through		Type of Eval	uation (se	lect one):	Mid-Year	- Annual
Why should	I do a self-ev	valuation?						
allow you to pr this evaluation	ovide informa period. This t	ol for enhancing feedbation to your supervisor tool may also help new all management of a wo	r about your perfor v supervisors get to	mance and shed lig	ht on you	r accomplish	ments and	goals during
Job Function	Performan	ce						
How I beli	eve I performe	ed my Essential Functi	ions, overall:					
Accomplishn	ients							
		ssential Functions I be	lieve I have handle	ed well this past yea	r·			
Accompils	innents and E	ssential Functions Foc	neve i nave nandie	d wen tills past yea	1.			
I								

	Last Name:
	Last 4 SSN:
Areas for Improvement	
Job performance areas that I could use improvement or I need help in:	
Job performance areas that I could use improvement of I need help	
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Goals and Objectives	
These are goals and objectives I would like to work on in the upcoming year::	
These are goals and objectives I would like to work on in the appearance jean.	
Support	
This is the way I develop best (examples: one-on-one training, group workshops, instr	ructional materials only etc.)
This is the way I develop over (champies, one on one training, group mentalize, and	interior in interior only, etc.,
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The support I need to improve my job performance and development (examples: opportunities, time to attend off-campus training, etc.):	ortunities to serve on department/University
committees, time to attend on-campus training, etc.).	l l

Job-Related Development	Last 4 SSN:					
I have participated in the following job-related activities, workshops or seminars in the past year:						
I would like to participate in the following type(s) of job-related activities, workshops or	r saminars in the uncoming year:					
I would like to participate in the following type(s) of job-related activities, workshops of	seminars in the upcoming year.					
Department I have the following suggestions for improving departmental effectiveness:						
Employee Signature:	Date:/					
Supervisor Signature:						

I would like a copy of this Self-Evaluation Form attached to the Performance Evaluation Form and placed in my personnel record at Human Resources: \square Yes \square No

Last Name: