|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Self-Evaluation Template | | | | | | | | | | |
|  | |  |  | |  | | | |  |  |
| Employee Name: | |  | | |  | Position/Role: | |  | | |
| Department: | |  | | |  | Review Period: | |  | | |
|  | |  |  | |  | | | |  |  |
| *Note: Please rate your performance in each area by checking the box that best represents your self-assessment.* | | | | | | | | | | |
|  |  | |  | |  | | | |  |  |
| Self-Assessment Areas | | | | Needs Improvement | Fair | | Good | | Very Good | Excellent |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
|  | | | |  |  | |  | |  |  |
| **Open-Ended Questions** | | | |  |  | |  | |  |  |
| **What accomplishments are you most proud of during this review period?** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **What areas do you feel you need to improve on?** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **What support or resources would help you perform better?** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **What are your goals for the next review period?** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |