

# OH LONE COMMUNITY COLLEGE

## OPTIONAL PERFORMANCE SELF-ASSESSMENT FORM

(To be completed by the employee, discussed during the evaluation meeting, and, if desired, attached to the completed performance evaluation forms when submitted to Human Resources)

Name: \_\_\_\_\_ Datatel ID: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Evaluation Rating Period: From- \_\_\_\_\_ To- \_\_\_\_\_

**GOALS AND OBJECTIVES FROM EVALUATION YEAR:** (list the Goals or Objectives that were established for you for the evaluation year, and indicate your progress in completing each one)

| GOALS AND OBJECTIVES |  | CURRENT STATUS           |                          |                          |
|----------------------|--|--------------------------|--------------------------|--------------------------|
|                      |  | Completed                | In Progress              | Withdrawn                |
| 1)                   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2)                   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3)                   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4)                   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

During the evaluation year, my primary job responsibilities were the following:

In completing the tasks related to these responsibilities, I consider my strengths to be the following:

I feel that I need improvement in the following general job skills:

In order to be more effective on my job, I need the following (list additional training needed; issues, policies and/or procedures that need clarification; job modifications; etc.)

| List Job Needs | Describe briefly how each one would assist in making you more effective in the performance of your job duties. |
|----------------|--|
|                |  |
|                |  |
|                |  |
|                |  |

I gain the most satisfaction from performing the following job duties: (describe)

I get the least satisfaction when I perform the following job duties:

I suggest the following to increase my job satisfaction:

**Please Enter Your Performance Self-Assessment Below**

|  | <b><u>Consistent<br/>Problems in<br/>Performance</u></b> | <b><u>Occasional<br/>Problems in<br/>Performance</u></b> | <b><u>Meets<br/>Job<br/>Standard</u></b> | <b><u>Exceeds<br/>Job<br/>Standard</u></b> |
|--|--|--|--|--|
| <b>QUALITY OF WORK:</b> Adheres to established practices; follows instructions; work is accurate, neat, thorough.  | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>QUANTITY OF WORK:</b> Volume of work produced under normal/abnormal conditions.   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>PLANNING &amp; ORGANIZATION:</b> Organizes work efficiently and effectively; good work habits; economical use of time and materials; resourcefulness; ability to prioritize work. | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>HUMAN RELATIONS:</b> Attitude toward and treatment of staff members, public, students, co-workers; ability to get along with others; work under pressure.                         | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>CURIOSITY:</b> Inquires about administrative, educational, technical, and other phases of immediate assignments; also more complex assignments.                                   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>ACCEPTANCE:</b> Accepts, understands, and respects the policies, objectives and rules of the College and Administration.  | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>COOPERATION:</b> Attitude toward work, associates and the college; willingness to work with and for others; helpful; loyal; keeps confidences.                                    | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>ABILITY TO LEARN:</b> Under-standing and remembering instructions. Learning new procedures and equipment.   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>DEPENDABILITY:</b> Reliability in following through on assignments and instructions; good attendance; punctual.   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>INITIATIVE:</b> Self-reliance; job interest; energy and aptitude displayed in work; self-starter.   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| <b>JUDGMENT:</b> Ability to reach decisions and reason logically; common sense.  | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 | <input type="checkbox"/>                 | <input type="checkbox"/>                   |

**My overall work performance can best be described as follows:**

☐ I believe that I have completed the tasks assigned to me in a competent, accurate, well thought-out and timely manner. I feel that I understand the major aspects of the position and of what is expected of me.

☐ I believe that I have been able to accomplish most of the tasks assigned to me; however, some areas do need improvements. Those areas are the following (briefly describe):

☐ I feel that I have problems in certain aspects of my work and recognize that I need to improve. (specify)

Additional Comments:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_