CONFIDENTIAL

ALABAMA
PSYCHOLOGICAL SERVICES
CENTER, LLC
Comprehensive Psychological and Counseling Services

APSC EMPLOYEE SELF EVALUATION FORM

Name: **Date:**

Position: **Employment Date:**

This self-evaluation will be of help to both you and APSC in reviewing your progress and in future planning. It provides an opportunity to compare your view with that of your employer's on your performance. After completing the evaluation questions (use additional paper if needed), please submit to your Office Manager. This form will be discussed when your performance evaluation takes place. **Please remember confidentiality and do not discuss any part of your evaluation with others.**

1. *List major duties and responsibilities of your job.*
2. *Describe your accomplishments during this assessment period. Are there areas in which you feel you have excelled (e.g., time management, organization skills)? In what area would you like to improve?*
3. *If there were satisfactions or dissatisfactions with your position this year, what in your opinion were the causes?*

4. *What could your office manager and/or APSC do differently to help you better perform your job?*
5. *Is there any training or experience you feel would be helpful in enhancing your abilities relative to your position?*
6. *What are your goals for the next year and what action will you take to accomplish these goals?*
7. *Are there any other specific issues or goals you wish to discuss?*

_____ _____

Employee Signature Date