

EMPLOYEE SELF-EVALUATION

EMPLOYEE NAME (**FIRST, MI, LAST**): _____

JOB TITLE: _____

DEPARTMENT: _____

PERIOD OF EVALUATION: From: _____ To: _____

TYPE OF EVALUATION: ☐ Initial 3-Month ☐ Annual ☐ Interim

1. List your most significant accomplishment or contributions since your last review.

2. Since you last appraisal, have you successfully performed any new tasks or additional duties outside of the scope of your regular responsibilities? If so, please specify.

3. How have you fostered good customer service with patients and co-workers?

4. Describe areas you feel require improvement in terms of your professional capabilities and list the steps you plan to take and/or the resources you need to accomplish this.

Rate yourself based on the following rating scale in each of the categories below.

1. **Need Improvement** – Performance and/or adherence to policy must improve to meet expectations of the position.
2. **Meets Expectations** – Competently performs job duties; requires no more guidance, training or supervision than is typically required of people in the position.
3. **Exceeds Expectations** – Frequently performs at a level higher than the performance standards; accomplishments were made in areas other than the stated job duties.

Category

Rating

Attendance

Fostering a positive work environment

Respecting Diversity

Maintaining Confidentiality

Building/Promoting Teamwork
