

Self Appraisal Form

Personal Information

Field	Details
Employee Name:	[Your Name]
Department:	[Your Department]
Position:	[Your Position]
Review Period:	[Start Date] to [End Date]
Manager/Supervisor:	[Your Supervisor's Name]

Performance Overview

Achievements

Achievement	Description	Impact on Team/Organization
1.	[Detail the achievement]	[Describe the impact]
2.	[Detail the achievement]	[Describe the impact]
3.	[Detail the achievement]	[Describe the impact]

Add more rows as needed.

Challenges Faced

Challenge	Strategy to Overcome	Outcome/Resolution
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1.	[Detail the strategy used]	[Describe the outcome]
2.	[Detail the strategy used]	[Describe the outcome]
3.	[Detail the strategy used]	[Describe the outcome]

Add more rows as needed.

Skills Development

Skill	Activities/Training Undertaken	Impact on Performance
1.	[Detail the activity or training]	[Describe the impact]
2.	[Detail the activity or training]	[Describe the impact]
3.	[Detail the activity or training]	[Describe the impact]

Add more rows as needed.

Self-Assessment

- Strengths: [Briefly describe your key strengths as you see them.]
- Areas for Improvement: [Briefly describe areas where you see opportunities for improvement.]

Future Goals

Goal	Plan for Achievement	Timeframe
1.	[Detail your plan]	[Specify the timeframe]
2.	[Detail your plan]	[Specify the timeframe]
3.	[Detail your plan]	[Specify the timeframe]

Add more rows as needed.

Additional Comments

[Provide any additional comments or insights about your performance, upcoming projects, or professional development needs.]

Employee Declaration

I affirm that the information provided in this self-appraisal form is accurate and reflects my contributions and performance during the review period to the best of my knowledge.

- **Employee Signature:** _____
- **Date:** _____

Manager/Supervisor Use

- **Comments on Self-Appraisal:**

[Provide feedback on the self-appraisal, noting any areas of agreement or difference in perception, and offer guidance for future development.]

- **Supervisor Signature:** _____
- **Date:** _____