Self Evaluation Form Template

Personal Information

Name: _____

Position: _____

Department: _____

Date: _____

Performance Assessment

Describe your major accomplishments since the last evaluation:

What challenges have you faced, and how did you overcome them?

Goals

Short-term Goals:

Long-term Goals:

Skills Development

Skills improved this year:

Areas for improvement:

_____

Feedback

Feedback on current support and resources:

_____

Additional support needed:

_____

Table

Project	Role	Outcome	Self-Rating

Confirmation

[ ] I confirm that the above information is accurate and complete.

Signature: _____

Date: _____