**Self Employee Performance**

**Evaluation Form**

**Employee Information:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Self-Reflection and Performance Review:**

1. **What were your key accomplishments this evaluation period?**
2. **What challenges did you face, and how did you overcome them?**
3. **Areas for improvement:**
4. **Additional skills or training required:**

**Evaluation Table:**

| **Criteria** | **Self-Rating**  **(1-5)** | **Manager’s Rating (1-5)** | **Comments** |
| --- | --- | --- | --- |
| **Quality of Work** |  |  |  |
| **Timeliness** |  |  |  |
| **Communication Skills** |  |  |  |
| **Problem-Solving** |  |  |  |
| **Leadership/Initiative** |  |  |  |
| **Team Collaboration** |  |  |  |
| **Dependability** |  |  |  |
| **Adaptability** |  |  |  |

**Future Goals and Development:  
☐ Develop new skills.  
☐ Improve current role efficiency.  
☐ Transition to a leadership position.**

**Signature:  
Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**