**Employee Self Evaluation Review**

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

**Evaluation Period  
Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Key Performance Areas**

1. **What are your primary responsibilities in your role?**
2. **What accomplishments are you most proud of during this period?**
3. **What challenges have you faced, and how did you overcome them?**
4. **What areas do you feel need improvement?**
5. **How do you plan to achieve your goals for the next evaluation period?**

**Performance Summary Table**

| **Performance Area** | **Self-Rating  (1-5)** | **Comments** | **Examples/Details** |
| --- | --- | --- | --- |
| **Quality of Work** |  |  |  |
| **Team Collaboration** |  |  |  |
| **Communication Skills** |  |  |  |
| **Initiative and Problem-Solving** |  |  |  |

**Supervisor Feedback:  
(To be completed post-review)**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**