

Restaurant Employee Self Evaluation Form

Employee Information

- Full Name: _____
- Job Title: _____
- Department: _____
- Date: _____

Self-Assessment Questions

1. Describe your key responsibilities in your current role:

2. What accomplishments are you most proud of during this evaluation period?

3. Identify any challenges you faced and how you overcame them:

4. What areas do you feel need improvement?

5. What goals would you like to set for the next evaluation period?

Performance Ratings

Performance Area	Rating (1–5)	Comments
Job Knowledge		
Communication Skills		
Time Management		
Team Collaboration		
Problem Solving Skills		

Additional Comments

Employee's additional thoughts or feedback:

Signature

Employee's Signature: _____ **Date:** _____