**Self-Assessment Form Online**

**Personal Information
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessment Questions**

1. **Describe your strengths in your current role or activities:**
2. **What challenges have you faced recently, and how are you addressing them?**
3. **What are your top three goals for the upcoming period?**

**Checkbox for Online Preferences
☐ I prefer written feedback.
☐ I would like a follow-up meeting.
☐ I need additional tools/resources.**

**Table for Online Self-Rating (1 - Poor, 5 - Excellent)**

| **Aspect** | **Rating** |
| --- | --- |
| **Communication Skills** | **[ ]** |
| **Adaptability** | **[ ]** |
| **Time Management** | **[ ]** |
| **Innovation** | **[ ]** |
| **Collaboration** | **[ ]** |

**Confirmation
I confirm that this self-assessment is accurate and reflects my personal and professional development.
Signature (if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**