

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: _____