**Self-Assessment Form**

**for Employees**

**Employee Information
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Self-Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Performance**

1. **Describe your key achievements in this role:**
2. **Identify areas where you believe improvement is needed:**
3. **What goals have you set for the next review period?**

**Skills and Training
☐ I need additional training to enhance my performance.
☐ I have adequate resources to meet my job requirements.
☐ I would like to explore mentorship opportunities.**

**Feedback Section
What support or changes do you feel would help you perform better?**

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

| **Criteria** | **Rating** |
| --- | --- |
| **Job Knowledge** | **[ ]** |
| **Communication Skills** | **[ ]** |
| **Time Management** | **[ ]** |
| **Team Collaboration** | **[ ]** |
| **Leadership (if applicable)** | **[ ]** |

**Employee Signature
I affirm that this assessment is accurate and reflects my current performance.
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**