

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: _____