**Performance Self Evaluation Form**

**Employee Information
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Evaluation Period: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**

### **Self-Assessment**

**Rate your performance in the following areas using the scale below:
1 - Needs Improvement | 2 - Satisfactory | 3 - Good | 4 - Very Good | 5 - Excellent**

| **Evaluation Area** | **1** | **2** | **3** | **4** | **5** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Knowledge** | **☐** | **☐** | **☐** | **☐** | **☐** |  |
| **Time Management** | **☐** | **☐** | **☐** | **☐** | **☐** |  |
| **Communication Skills** | **☐** | **☐** | **☐** | **☐** | **☐** |  |
| **Ability to Meet Deadlines** | **☐** | **☐** | **☐** | **☐** | **☐** |  |
| **Ability to Work Under Pressure** | **☐** | **☐** | **☐** | **☐** | **☐** |  |
| **Innovation and Creativity** | **☐** | **☐** | **☐** | **☐** | **☐** |  |

### **Strengths and Achievements**

**What are your key strengths and accomplishments during this period?**

### **Challenges and Areas for Growth**

**What challenges did you face, and how can you improve?**

### **Professional Development Goals**

**What skills or knowledge do you want to develop further?**

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**