

# 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to Meet Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to Work Under Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Innovation and Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Strengths and Achievements

What are your key strengths and accomplishments during this period?

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### Challenges and Areas for Growth

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

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### Professional Development Goals

What skills or knowledge do you want to develop further?

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Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_