

Policy Appendix

Employee Self Evaluation Form

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*(Please complete and submit one week prior to your scheduled evaluation appointment.)

Employee Information	
Employee Name:	
Job Title:	Date:
Department:	
Reports to:	
Review Period:	
Goals	
Describe the goals you had set out to accomplish for this time period:	
Which goals did you accomplish?	
Which goals did you not accomplish and why not?	

Revised: August 4, 2009



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What can the administrator you report to do to help you achieve your future goals?	
What are your goals for the next evaluation? Please be clear and concise.	
Comments	
Additional Comments:	
Employee Signature:	
Date:	

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