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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: |  | | | | | | Date: | |  |
| Start Date in Position: |  | | | | | Date of Last Evaluation: | | |  |
| Reason for Evaluation: |  |  | 6 mos |  | Annual | |  | Other | |

This self-evaluation is intended to help employees reflect on their performance and work situation over the evaluation period and to be prepared to participate actively in the evaluation conversation with their supervisor. It provides the supervisor with valuable information from the employee's perspective. This form will become part of an employee's permanent personnel record attached to the corresponding performance evaluation form. Please be as concise as possible.

1. **What strengths do you bring to your job?** *(Since your last evaluation, what job-related accomplishments, goals, or parts of your work are you most proud of, and why?)*

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| Comments: |

1. **What are your weaknesses?** *(Which of your responsibilities, if any, could you have performed better? What affected your performance? Are there areas that you need to change or improve your skills on?*

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| Comments: |

1. **A. Are there goals you were unable to accomplish?** *(What hindered you from achieving them? What resources do you need from the Town to achieve these goals?*

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| Comments: |

1. **B. What goals would you like to achieve in the coming year?** *(How do those goals add value to the work of the department and the Town? Do you anticipate needing your supervisor's assistance to achieve those goals?)*

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| Comments: |

# What courses, training, or experience most benefited you since your last evaluation?

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| Comments: |

1. **What suggestions or ideas do you have for your position or for the department?** *(Are there components of your job that you would like to change and, if so, how would you change them? Is there additional training you would like to pursue or new skills you would like to develop? How will that help you in your position?)*

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| Comments: |

1. **Did any of your job responsibilities change, and if so, how?** *(If you performed any new responsibilities or additional duties that are outside the scope of what you do regularly, what are they?)*

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| Comments: |

1. **During the past 12 months (or applicable time frame), what contributions have you made to your team, unit, or your department?** *(Think about what you have accomplished, projects you worked on, times you took the initiative to solve a problem or suggested how one could be solved, feedback you received from others, examples of teamwork and how successful you were in achieving your current goals.)*

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| Comments: |

# What, if any, other topics related to your position would you like to discuss?

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| Comments: |

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**Signature Print Name Date**

***Additional Comments:***

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