



EMPLOYEE SELF-ASSESSMENT FORM

Please complete this form and provide it to your supervisor prior to your annual performance review date.

NAME:	
EMPLOYEE ID #:	
JOB TITLE:	
DEPARTMENT:	

1. List what you believe the key elements of your job were during the past year.

2. What were your major accomplishments for the past year?

3. What training and development activities did you complete during the year?

4. What were your major challenges to accomplishing your goals/job responsibilities?

5. What do you believe your key goals should be for next year?

6. What do you need from your supervisor to allow you to attain those goals?

7. Other Comments:

EMPLOYEE SIGNATURE:

DATE:

SUPERVISOR, PLEASE RETURN WITH EMPLOYEE'S REVIEW FORM TO HUMAN RESOURCES, CITY HALL 2nd FLOOR, or email to learninginstitute@cctexas.com

FOR MORE INFORMATION GO TO: <http://www.learningcc.org/perform>

